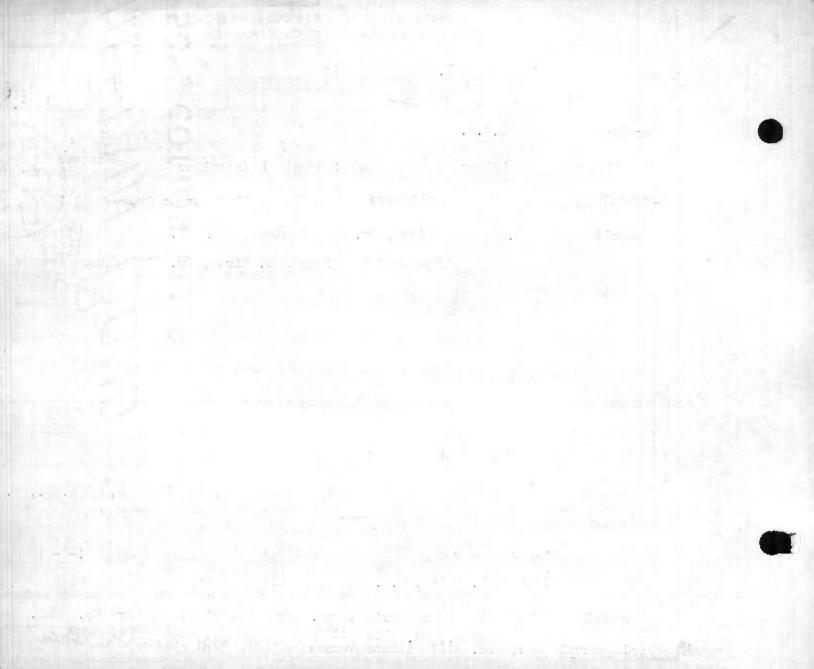
1 .	8	FOR STATE			DEPARTMENT	STATE OF OF HEALT			YGIENE	1	2	5	2	1	6
5		REGISTRA	R	MEI	DICAL EXA	MINER'S	CERTIFIC	CATEO	F DEATH	RI	EG. NO.				
1		I. DECEASED N	AME FIRST		WIDOLE		LAST		2a. (DATE KNOW	WN WX	MONTH	OAY	YEAR	7b. HOUR
	ARY, PLEASE LIDIRECTOR. YOUR FILES. N72 HOURS TON STREET,	(TIPE OR PRINT)	Robe	rt	Τ.		Airey		D	OF EST	ED 🗆	10	4 19	81	
	TREE COL	3 SEX	4. RACE	5. DATE OF BIRTH		E (IN YEARS IF L	INDER 1 YR.	IF UNDER		DATE	N	HTMON	DAY	YEAR	2d HOUR
	S S S S S S S S S S S S S S S S S S S	Male	White	MONTH DAY	62 101	YRS.	THS DAYS	HOURS	MIN. PRO	NOUNCED		10	4 19	81	1:10
	CESSARY NERAL DI FOR YOU WITHIN 72 PRESTON	To BIRTHPLACE	(STATE OR	76. CITIZEN OF WI		10	RIED NE	V50 ** * 80 !!	9. B	ALTIMORE	CITY OR C				a.m
	S NECESSAR FUNERAL DE SE FON WITHINGTON W PRESTON	Mary 1		U.S.A.		WIDO	_	DIVORCE		Balti	more	Cour	nty,		MD.
	DEATH. IF ANY DELAY IS NEW GES 1, 2, AND 3 TO THE FUN AND AS RETAIN PAGE 5. FOR ANY 2 SHOULD BE FILED, W. ONWHAL RECORDS, 201 W. FUN AND SHOULD BE FILED, W. ONWHAL RECORDS, 201 W. FUN AND SHOULD BE FILED, W. ONWHAL RECORDS, 201 W. FUN AND SHOULD BE FILED, W. ONWHAL RECORDS, 201 W. FUN AND SHOULD BE FILED, W. ONWHALL RECORDS, 201 W. FUN AND SHOULD BE FILED, W. FUN		Istown	Baltimor	e County	Gener			FOR MOST FOR MOST Insta	OCCUPATIO OF WORKING LI 11er	ON (TYPE OF	WORK 12	ster	of Bus Pustr ect	Υ
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MO.	H. II.	14. FATHER'S N	AME	AIDCLE	LAST	Aug St	15. MOTHE	ER'S MAIDE		WIDCLE			LAS	T	
	DEATH.	Ron	ald.	E.		s. Sr.		helma		W.				1ke	ns
WO	E PAGE FORM SES 1 AR		ASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SE		17 INFOR				DRESS		21	229	
BALTIMORE,	S AFI GIVE ITH P PAGE VISIC	NO			220-84-	-9802	Rona	ld E.	Airey	, Sr.	1122	Ver	non	Ave	nue
	Jan. 18. C. MIT. P. DIR.	18 CAUS	E OF DEATH (Enter of DEATH WAS CAUS	only one cause per line									BETWEE	OXIMATE N ONSET	INTERVAL AND DEATH
PRESTON ST.,	A H SERV AL.	50.1		ATE CAUSE (o) 5	tab Woun		hest			-4					
ESTG	NON WON	76	60		AS A CONSEQUE	NCE OF						1			
	WITHIN NCIL IN MINER A MINER A	gave	itians, if ony, which rise to immedia	te / (b)											
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5, 20	EXECUTED NG" IN PROCEED IN PROCED IN PROCEDING IN PROCEDULAR IN			(c)											
DIVISION OF VITAL RECORDS,	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE TITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGE DED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM SES SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. ACGES I AD DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF IT PRIOR TO BURIAL, CREMATION, OR REMOVAL.		ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO T	HE TERMINAL DISE	ASE OR CONDITIO	N GIVEN IN PAR	T 1 (a)						
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1810	ERTI I SHA EPA PRIC		RY OCCURRED	21e PLACE C	FINJURY (ATHO		OCATION	1 1103							
É	R: THIS CER TE, WRITIN RWARDED R: PAGE 3 S R: PAGE 3 S STATE DEP C, 21201 PR	WHILE AT WOR	NOT WHILE		de of cl	ub Q	OOL DO	awood	Road.F	Pandal	Loto	COUN		Co	STATE.
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	A S S S E S			rge of the remains desc				Inspection VV		equiry .	ond in	my apin	ian		
-	REC REC	death re	sulted fram: Nat	ural causes 🔲 ,	Accident,	Suicide	-	cide XX	Undetermin	ned manner	L.,				
	X S S S S S S S S S S S S S S S S S S S	ACTUAL	1/100	- JE	ala-		- 1	istant				DATE	1-	4-81	
	SE S	SIGNATU	RE	inch in			M.D. 1133	1310[[1	MEDICAL	EXAMINER		SIGNED.			
	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	EXAMINE (TYPE OR	R'S NAME VI	rginia L.	Dolan, M	I.D.	_ADDRESS_	111	Penn S	Street					
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a BURIAL CRE	MATION, REMOVAL	73b. DATE	23c. NAME C	OF CEMETERY		ORY	23d LOCAT	ION					
	BP	(SPECIFY)	rial	10/7/81	Meado	wridge	Mem. 1	Park	Elkri	ĭďge	Howa	ard	Co.	Mô	ľ.
		AL CUMICDAL D	25.532						EC'D. BY REC	SISTRAR 256	REGISTR	R'S SIG	PA	110	
	DHMH-17 (VR A15 ME (5))	lubbard	Funeral H	lome, Inc.	4107 Wi1	kens A	venue	OCT	5 19	81 CM	meen	Year	- HOL	urun	
	15M 2/80														



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1	1.	FOR STATE		DEPARTI	MENT OF H	EALTH AND MENTAL HY	GIENE 8	2	5 2	1.7
		REGISTRAR CEASED NAME	FIRST	MIQOLE		AST DEATH	REG. N	O.	r YEAR	2b. HOUR
	(TYPE	E OR PRINT)	JOHN J	ALBE RT I	NES			10	7 81	3 - 20 PM
	3 SE	X	4 RACE		5. DATE (6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
1		Male	Ca		6	11 1916	65 years	S YRS.		MIN.
ME		IRTHPLACE (STATE OR FO		F WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH	
10		enns ylvania		S.A.	WIDOWE		BALTI		OUNT	Y MD
12 the	10 C		(IF NOT IN	SUCH FACILITY, GIVE STREET	AOORESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE)	12b. KIND C INDUSTRY	F BUSSEE 81
3/6	JUSU.	TOWSON AL RESIDENCE (IF NURSIN	GBMI			RLES ST2120	14 Tech. St	ipt.	Beth	lehem
\$7 F	13a S		Balto.	13t. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
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\$30	13	Charles	NMN A	lbertines		Elsie	MIDDLE	C 1	LAS	
00		WAS DECEASED EVER IN	U.S. ARMED FORCES		JRITY NO.	17 INFORMANT	NMN	ESSTimo	oowsk nium.	Md.
medico	(yes no or unknown)	WW II	178-05-	0929	Constance	T. Albertin			
t, the		18 CAUSE OF DEATH	Enter only one couse p	er line for (o), (b), on	d ici.					IMATE INTERVAL ONSET AND DEATH
even		PART I. DEATH WA	S CAUSED BY: MMEDIATE CAUSE (0)_	CARDI	OPULN	MONARY ARRE	ST			
natic		1539	DUE TO,	OR AS A CONSEQUE						
rann		Conditions, if ony,		META	STAT	C COLON AD	ENOCALONO	1A		
or other tra		couse (a), stating underlying couse		OR AS A CONSEQUE	ENCE OF					
0 0	144		(c)_							
yory	Z	PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1	5
O ou	CERTIFICATION	190 DATE OF OPERATION	ON 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, V	VERE FINDI	NGS USED
Smo	TIFIC						YES T NOT	IN CERTIFYIN	VG CAUSES	OF DEATH?
8 0	CER	21a. ACCIDENT WAS UNDER		OF INJURY A.M. MONTH DA	AV VEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM TS PART	OR PART 2)	
le a	MEDICAL	OR CONTRIBUTING CA	OSE OF DEATH	P.M.	19					
ō	AEDI	21d INJURY OCCURRE	(AT HOME	E OF INJURY	ARM FIC)	211_LOCATION STREET	CITY OF TO)WN	COUNTY	STATE
marked	<	AT WORK AT WORK								
S.			his hospital) attended		001	1981		19.	81	that (I) (we) lost
hem 21		obove, []) (we) (did	olive on OCT	ofter death.		nd that in (my) (our) apinion	n death occurred on the d	ate and hour a		
other same		126. SIGNATORE	die	1) wy	15	DEGREE ATTENDING	_ MEDICAL _ STA		22c DATE	SIGNED
Ž		22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT)	O o o		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN 🗌		
MPORTANT		TED WA	ANG MD			The state of the s	CHARLES S	T 2120	14	
₹-	23a B	BURIAL CREMATION RE		23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	(SPECIFY Burial	10/			Valley Cen	CITY OF TOWN	wille F	Ralto	MAISTATE

10 W. Padonia Rd

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE OCT 13 1981 Tanna Can

DHMH - 16 50M 1/B1 (VRA 15, 4) Martin

Lawson

etained by the hospital

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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HERBERT E. NUTTER FUNERAL HOME 3035W. NORTH

(VRA 15, 4) 1/79

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MPORTANT: If them 21 is morked or them 18 shows any

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

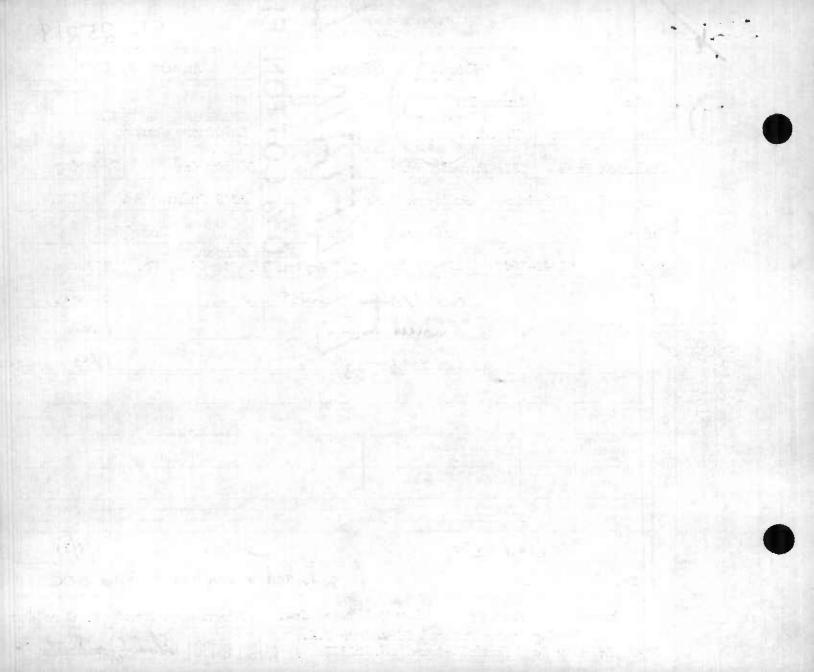
81- 25210

REGISTRAR					ICATE OF DEATH	REG. N	0.		()	XII
DECEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	HINOM	DAY	YEAR	26 HOUR
C	lyde	Mi	ilton	Aml	brose	Aug	ust	8, 1	1981	
SEX	4.	RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDE	R I YEAR DAYS	IF UNDER 24 H
Male		Caucasi	ian	March	h 28°, 1914°	67	YRS		DATS	MOURS
BIRTHPLACE (STATE OF North Carol		U.S.A.	WHAT COUNTRY?	MARRIE (DEVERMARRIED DEVERMARRIED DEVERMARRIED DEVERMARRIED	Baltimore City of Baltimore			ATH	
CITY OR TOWN OF DE Sudbrook Pa	irk	1318 Si	idvale Rd.	DDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPAT UYPE OF WORK FOR MOST S Linotypist		LIFE) 12b.	KIND O PUSTRY,	F BUSINESS ing
SUAL RESIDENCE (IF NUR IN STATE Mary Land	136 COUNT	Υ	GIVE RESIDENCE BEFORE A 130 CITY OR TOWN Sudbrook	Park		1318 Sudv	pale	Rd.	2	1208
FATHER'S NAME FIRST Ruben	200	DDLE	Ambrose		15. MOTHER'S MAIDEN NAM Arcine	MIDDLE		nigh	t LAST	
U WAS DECEASED EVER (YES, NO OR UNKNOWN) Yes		VAR OR DATES	166 SOCIAL SECUR 212-10-1		17. INFORMANT Normal 118 Peyton Re					
18 CAUSE OF DEAT PART 1. DEATH V	TH (Enter only WAS CAUSED IMMEDIATE	BY:	line farial, (b), and	uluna	one arrest				APPROXI	MATE INTERVAL PINSET AND DEA
1991		DUE TO O	R AS A CONSEQUEN	ICE OF	0					
Conditions, if any		(b)_	world		uemia			1	5000	
Conditions, if any gave rise to im cause (a) statiunderlying caus	nmediate ing the	(b)	R AS A CONSEQUEN	N 01				1	year	
gave rise to imcause (a), state underlying cause	mediate ing the le last GNIFICANT CO	DUE TO, OI	R AS A CONSEQUEN	CE OF	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF \	GIVEN IN F	PART 110	
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DHMH - 16 50M 1/81 (VRA 15, 4)

8728 Liberty Road Randallstown, Md. 21133

AUG 1 0 1981 Theme gantlestles



MD.

Singleton Funeral Home

(VRA 15 (4))

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REGISTRAR

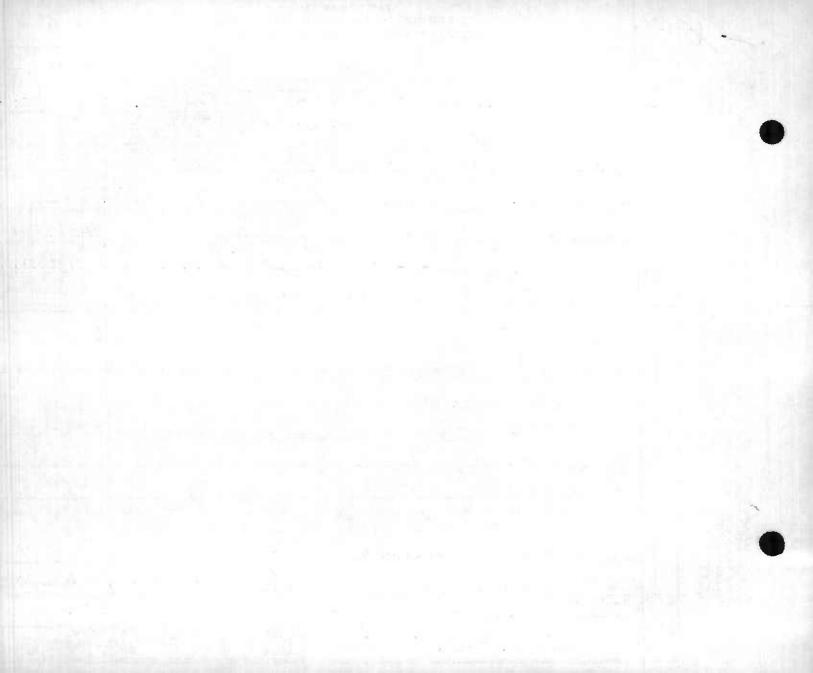
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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DHMH - 16 50M 1/B1 (VRA 15, 4)

1		FOR STATE REGISTRAR				MENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO.	5 2 2			
X		CEASED NAME OR PRINT)	JAMES		EY AR	MSTRO	NG	October 27, 1981	10 1100			
	3 SE	Male		Whit	•	S DATE O	DF BIRTH 1900	6 AGE (IN YEARS LAST BIRTHDAY) III	FUNDER LYEAR IF UNDER			
40		RTHPLACE (STATE OR- COUNTRY) Georgia	FOREIGN 7b.	CITIZEN OF V	VHAT COUNTRY	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimore County				
5		Rossville	1	Frankl	I Squar	e Hos		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Crane Operator	126 KIND OF BUSINE			
35	Ma	AL RESIDENCE (IF NURS TATE ryland THER'S NAME	13b COUNTY Baltir	more	SIVE RESIDENCE BEFOR 13c CITY OR TOV Middle	RE ADMISSION) VN River	YES NO	204 Wampler Road 21220				
30	Matthew Armstrong Lydia Ryder 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS								LAST			
medical		AS DECEASED EVER ES, NOOR UNKNOWN) ICS	WWII W	D FORCES? AR OR DATES)	254-03-		17 INFORMANT Luna Armstr		o la si			
injury, ar ather traumatic e	NOI		nediate ng the lost.	DUE TO, OR 1b) DUE TO, OR (c)		DEATH BUT		minal disease or condition given				
no smou	CERTIFICATION					OPERATIO	Filmsuz de la	YES NO YES	O CAUSES OF DEAT			
or Item 18	MEDICAL CE	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIT 21d INJURY OCCUR	CAUSE OF DEATH	216. TIME OF HOUR A.A P.A 21e PLACE O	A. MONTH D A.	AY YEAR	211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR				
Orked	ME	WHILE NOT WE	RK	(AT HOME STRE	ET. FACTORY OFFICE.		STREET	CITY OR TOWN	COUNTY			
MPORTANT: If Hem 21 is m		220.1 certify that () and the decess above () (we) (c	ed office on did (discot) vi	ew the body of	deceosed from 27 19 offer death.	31	DEGREE ATTENDING PHYSICIAN 1226 ADDRESS	to October 27, 15 n death occurred on the date and hour of MEDICAL STAFF DIRECTOR PHYSICIAN	ond from the couses st			

Funeral Home A 1407 Old Eastern Ave. OCT 2 9 1981 January Jan Kathen

nurtal 10/2/81 eshends upp Constany select, Co.

Brucez inskt winderst notes in 1407 lid wastern two. UCT 2 4:191 Monday

DHMH-16 30M 2/80 (VRA 15, 4)

11				STAT	E OF MARYLAND	Q 1	13	100	·) A
1	1.	FOR STATE			ICATE OF DEATH	IENE O :	lun	J 44	4 -1
		REGISTRAR			AST	REG. N			
		CEASED NAME FIRST WINT	FRED F.		STRONG	20. DATE OF DEATH	10 23		:55A M
	3. SE	FEMALE	WH ITE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN MONT		UNDER 24 HRS
5		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	MARRIE	D NEVER MARRIED DIVORCED	BALT IMOR			MD.
6	10 C	TOWSON		TAL, NURSING HOME OF THE CHAR	LES ST.	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Secretary	E WORKING LIEE) II	2b. KIND OF B NDUSTRY • Count	
3		AL RESIDENCE (IF NURSING HOME STATE 13 BSG		sidence before admission) ITY OR TOWN UTHERVILLE	13d. INSIDE CITY LIMITS? YES NO 🛱	13e STREET ADDRESS 531 Morr			
30	14 FA	William	MIDDLE Full	erlast	15. MOTHER'S MAIDEN NAM Edna	May Middle		Zimmi	sch
		VAS DECEASED EVER IN U.S. A YES. NO NUKNOWN) (IF YES, C	IVE WAR OR DATES)	OCIAL SECURITY NO. -09-3949	Louis H. Arm	ADDRE Strong Cen	ss trevill		yland
	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN1 19a. DATE OF OPERATION	(c)(c)	CONSEQUENCE OF BUTING TO DEATH BUT FOR WHICH OPERATIO		INAL DISEASE OR CON	DITION GIVEN I		S USED
1	TIFIC					YES NOK	IN CERTIFYING		DEATH?
9		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. N		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	ORPART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn .	COUNTY	STATE
		22a.l certify that (I) (this has saw the deceased alive a above, (I) (we) (aid) (add			nd that in (my) (our) opinion o	deoth occurred on the de	190 ote and hour and		et (I) (we) lost uses stated
	(No SIGNATURE	ende	un	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		10 /2	3/81
		DAVID NE	BAUER, M.	D.	GBMC -6701	N. CHARL	ES ST.		
	23a. I	BURIAL, CREMATION, REMOVA (SPECERY) BURIAL	23b. DATE 10-26-19			23d. LOCATION CITY OR TOWN TOWSON	,		land
		uneral director uck Towson Fune	eral Home,		OLK ROAU	2 6 1981 7	25b. REGISTRAR	S SIGNATURI	then.

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7	1.	FOR - STATE REGISTRAR			EALTH AND MENTAL HY	GIENE 👸 🔋	2 5	d'a	2 3
moy be poge 3 er death		CEASED NAME FIRST Brothe:	r Bernard		AST	20 DATE OF DEATH	10 5		6:25 A
aft.	3 SE	× Male	White	5 DATE O	F BIRTH DAY 1892	6 AGE (IN YEARS LAST BIR	THOAY) IF UND		UNDER 24 HRS
uneral direction 72 hours	Ja Bi	RTHPLACE (STATE OR FOREIGN OUNTRY) Balto. Md.	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore city of Baltin	ecounty of D		MD.
S offer he by the filled with		Glen Arm	illa Mar	TAL, NURSING HOME OF THE STREET ADDRESS!	O Glen Arm	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OR Rd. Teach	ON 121 OF WORKING LIFE) IN ET	KIND OF BUDUSTRY	ISINESS OR
filled in rould be	130	AL RESIDENCE (IF NU) COU STATE IL COU	OTHER INSTITUTION GIVE RES 131. CI B	SIDENCE BEFORE ADMISSION) ITY OR TOWN BLTIMORE	13d INSIDE CITY LIMITS? YES 🕱 NO 🗌	130 STREET ADDRESS	aton Av	re.,Ba	alto.
mpletely ond 2 sk	14. FA	Bernard .	MIDDLE Bac	ckhaus	15 MOTHER'S MAIDEN NA FIRST Elizabe	eth MIDDLE		Pun	
Poges 1		NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	AT WAR OR DATECT	7-40-1818	S.Louis Ma			len	Arm Rd Arm, Md
that the death certificate by the attending physic lease remove carbon pape oil, cremotion, or removal ar other traumatic event, the		18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate cause to its storing the underlying couse last	DUE TO, OR AS A	CONSEQUENCE OF	Old Age			yeal	EINTERVAL ET AND DEATH
he low requires ion. has been signed the permit. Then plane prior to burn lows ony injury, a	CERTIFICATION	PART 2 OTHER SIGNIFICANT		SUTING TO DEATH BUT		200. AŬTOPŠÝ? YES NO	20b. IF YES, WER	RE FINDINGS CAUSES OF	
s physiciani T theradio physici this certificate the burial-transi and Mental Hyg ed or Item 18 sh	MEDICAL CER	21d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 19 EITHER, NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE NOTIFY MOT WHILE AT WORK AT WORK	P.M.	ONTH DAY YEAR	211 LOCATION STREET	RRED (ENTER NATURE OF INJU		R PART 2)	STATE
RATTENDING haspital or a liRECTOR, After hed for use as ept of Heolth (Hem 21 is mark tem 21 is mark		270. I certify that (7) (this hasp saw the deceased alive or above (1) (did no 27b. SIGNATURE		eath. 19 . on	d that in (my) (our opinion		12	from the cou	NED
TO HOSPITAL O etoined by the TO FUNERAL D should be detact with the State D IMPORTANT; if		22d. PHYSICIAN'S NAME (TYPE OF	or Printing MD	w	22e. ADDRESS	MEDICAL STA	IAN	e suit	15 40
22BP	23a. E	BURIAL, CREMATION, REMOVAI SPECIFY) Burial	10/7/81	Sacred	METERY OR CREMATORY Heart of Jes	us Dundalk	Balt	imore	Ŋā.
DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR		Ito., Md. 2		TE REC'D. BY REGISTRAR	25b. REGISTRARS	SIGNATION	arthen

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- FOR			OF MARYLAND ALTH AND MENTAL HY	GIEND	2 5 2 2	Ó
- STATE REGISTRAR			'S CERTIFICATE OF	DEATH	G. NO. /	
1. DECEASED NAME (TYPE OR PRINT)	CHESTER	A BAILEY	LAST	20. DATE KNOWN OF ESTI- DEATH MATED	N MONTH DAY YEAR	26. HOUR
	RACE S. DATE OF BIRTH	100.00	IF UNDER TYR. IF UNDER 2	4 HRS. 2t. DATE	MONTH DAY YEAR	2d HOUR
Male BIRTHPLACE (STATE (FOREIGN COUNTRY)	White 8 18 FOR 76. CITIZEN OF WI	19 62 YRS. HAT COUNTRY?	AARRIEDXIX NEVER MARRIE	9 BALTIMORE CI	TY OR COUNTY OF DEATH	13 pm
	MD U.S.		DOWED DIVORCE		BALTO C	MI ME
BALTIMORE	6701 FA	N CHARLES S	T GBMC	FOR MOST OF WORKING LIFE)	OR INDUSTI	RY Cont-
JSUAL RESIDENCE (# 15 3a. STATE <u>MD</u>	IN NURSING HOME OR OTHER INSTITUTION, GI 136 COUNTY Baltimore	13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES NO TO	30. STREET ADDRESS 5618 Nort		ictor
FATHER'S NAME FIRST Chester	WIDDIE	Bailey, Si	TS. MOTHER'S MAIDEN		LAST	
	VER IN U.S. ARMED FORCES? I) IF YES, GIVE WAR OR DATES) WWII	Bailey, Sa 166. SOCIAL SECURITY NO. 21/2-16-2321	. IT. INFORMANT	. Suzanne R. Treen Rd Bo	Bailey	1207
gave rise cause (a) stot lying couse lo	if ony, which ta immediate ofing the under-	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL OF	DISEASE OR CONDITION GIVEN IN PART	Ţ (o).		
190. DATE OF OPI	PERATION 196. CONDI	TION FOR WHICH OPERATIO	ON WAS PERFORMED?		20 AUTOPSY	? NO X
190. DATE OF OPI		MONTH DAY YEAR	TE HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITE		NOZI
		OF INJURY (ATHOME, 21 ORY, FARM, ETC.)	II. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
death resulted fr	hodes To	Accident , Suicide	Autopsy , Inspection Homicide , M.D. THE SP CIFYL	Undetermined monner	DATE O 15	81
EXAMINER'S NA/	WE IND CHADICE					
EXAMINER'S NAM (TYPE OR PRINT)			ADDRESSADDRESS	1234 LOCATION		
230 BURIAL, CREMATION	on, removal 23b. Date	236. NAME OF CEMETE 1 Druid Ridge	RY OR CREMATORY	13d LOCATION CITYORTOWN Pikesville C'D. BY REGISTRAR	Baltimore M	TATE 1D

AND RATE OF THE RESERVE

A . no in the same of the M James williams sales and sentel cutor state of Billion I will be the state of frer death

STATE OF MARYLAND

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OCT 28 1981 Concession Fundamental Contraction of the Contraction of t

/	1.	FOR - STATE REGISTRAR			DEPA		EALTH AND MENTAL HYO	GIENE 8	0.	2 5	2 2 8		
)		CEASED NAME OR PRINT)	FIRST		MIDDLE	l l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR D		
			ESTH	ER	PEARL	E	BARSHOP	OCTOBER	25, 1	1981	2:30 M		
	3. SE:	X		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
		EMALE		WHIT		MAY	14, 1905	76	YRS		MIN.		
>		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH					
3	-	ARYLAND		USA WIDOWE				BALTIMORI		VTY	MD.		
0	В	ALTIMORE		MILFOR	H FACILITY, GIVE ST	RSING HOME C TREET ADDRESS) NURSIN		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWI)	OF WORKING LI	FE) INDUSTRY	OF BUSINESS OR HOME		
5	3a. S	AL RESIDENCE (IF NURS STATE ARYLAND	136 COUN		136 CITY OR T		13d. INSIDE CITY LIMITS?	street address 6637 CHIPI	PEWA D	DR. #2	1209		
C	14. FATHER'S NAME PAUL			AIDDLE	MILLER		15. MOTHER'S MAIDEN NA BESSIE	WE		MILLÉ	Ř		
	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES			MED FORCES? WAR OR DATES)	166 SOCIALS 213-09		17. INFORMANT MRS	VA DR. GODRI	BERG O., M	MD 21:	209		
	100 mg	Conditions, if any, gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN	nediote g the last.	(c)_	R AS A CONSE	OUENCE OF	nay trad is so Disco		DITION GIV	VEN IN PART 1	0'		
?	CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES			
		210. ACCIDENT WAS UND. OR CONTRIBUTING C	AUSE OF DEA	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR				,,,,		
	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ILE 🗍	21e PLACE (OF INJURY BET, FACTORY, OFFI	Λ.	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
		22a l certify that (1) sow the decease above, (1) (we) (d	d olive on.	04	25	9 8 / on	nd that in (my) (our) opinion	to 64 death occurred on the de	ote and hou		that (1) (we) lost		
		226. SIGNATURE	YLa	nul	Leir	2 /	ATTENDING PHYSICIAN	MEDICAL STAI	F IAN 🗌	22c. DATE	126 Kg		
	1	52173	1.3				22e ADDRESS	OV UTC AVE	Т	AITO '	MD		
_	22- 5	DR. MA		1		2		RK HTS. AVE		BALTO.,	MID		
	730 B	SPECIFY) BURIA	L	OCT.27	,1981	BALTIMO	EMETERY OF CREMATORY ORE HEBREW	BALT IMOI	RE	COUNTY MA	RYLAND:		

21215

SOL LEVINSON & BROS., INC.

BALTO .. MD

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

6010 ™ REISTERSTOWN RD.

TO FUNERAL DIRECTOR.

should be detoched for use os the buriol-tronsit permit. Then p with the Stote Dept. of Health and Mental Hygiene prior to bur IMPORTANT: If Item 21 is marked or Item 18 shows any

Comment of the state of the sta A Comment of the Comm H & 1 - 5

n ond completely filled in By Poges 1 and 2 should be the

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2522

		REGISTRAR			CERTII	ICATE OF DEATH	REG. N	0.		
		CEASED NAME PIRST	MAE	MIDOLE	BA	BARZUNE RZUNE	20 DATE OF DEATH	MONTH DA	11	26 HOUR 13
	3. SE F]	× EMALE	4 RACE WHITI	Ε	5. DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
9		NEW YORK	US	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O	_		MD
5	1	RANDALLSTOWN	BALT IM	HOSPITAL, NURSING HEACILITY, GIVE STREET A DRE COUNT	ION DE WORKING LIFE)	12b. KIND O INDUSTRY AT H	OF BUSINESS OR			
5	13a. S			RANDALLS	V	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	SURN RD	. #	21133
C	14. FA	ATHER'S NAME ADOLPH	AIDOLE	ROTTER		15. MOTHER'S MAIDEN NAM BECKY	WIDOLE		UNKNOWN	
			MED FORCES? WAR OR DATES)	216-14-3		17. INFORMANT MRS 3802 KILBURN	N N, MD 21133			
		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED MMEDIAT	DUE TO, O DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF NCE OF	sleeding Thess Ulcer NOT RELATED TO THE TERM	~∫ INAL DISEASE OR CON	DITION GIVER	36 2- 2-	3 day
1	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
	MEDICAL CER	218 ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY WHILE AI WORK 220. I certify that (I) (this hospit sow the deceosed olive on above, (I) (we) (did) (did not 22b. SIGN ATURE)	P. 21e. PLACE (AT HOME, STR	M, MONTH DA M, OF INJURY LEET, FACTORY, OFFICE FA e deceased from 19	19 (RM, ETC.)	21t. HOW INJURY OCCURR 21f. LOCATION 21f. LOCATION 31f. LOCATION 51f. LOCATIO	CITY OR TO	OWN 15 ote ond hour c	COUNTY	STATE that (I) (we) lost couses stated
		228. PHYSICIAN'S NAME (TYPE OF	PRINTI	6.11		27e ADDRESS	make Ma		1 //00	0

BP.____

TO FUNERAL DIRECTOR.

MPORTANT: If he

23a. BURIAL, (SPECIFY)

DHMH - 16 50M 1/B1 (VRA 15, 4) 74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

8010 REISTERSTOWN RD. BALTO., MD 21215

10/9/81

CREMATION, REMOVAL BURIAL

16.5

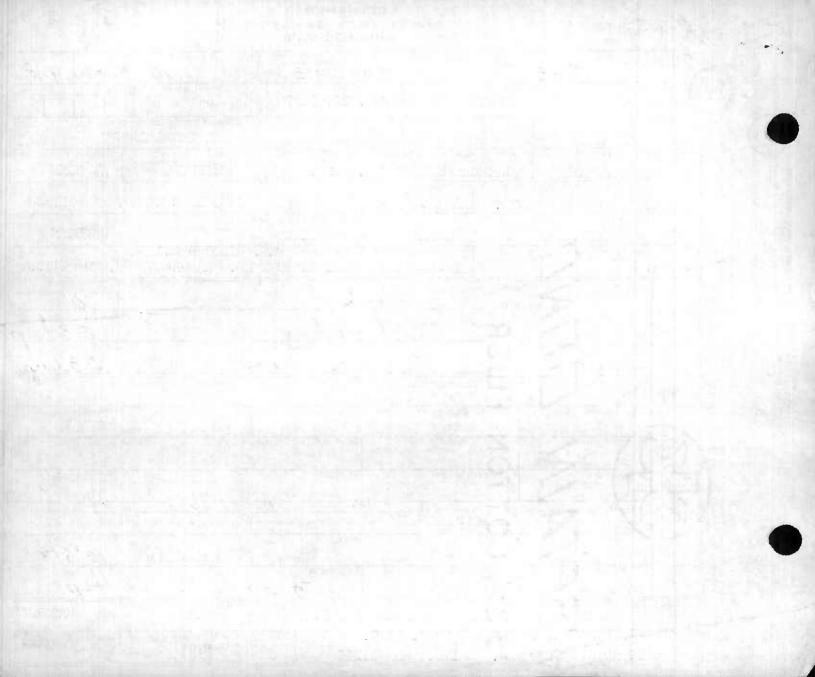
231 NAME OF CEMETERY OF CREMATORY SHAAREI TFILOH

250. DATE REC'D. BY REGISTRAR OCT 13 1981

23d LOCATION BALTYMORE

DRE COUNTY MARY LIAND

25b REGISTRA SSIGNATOR LATTER



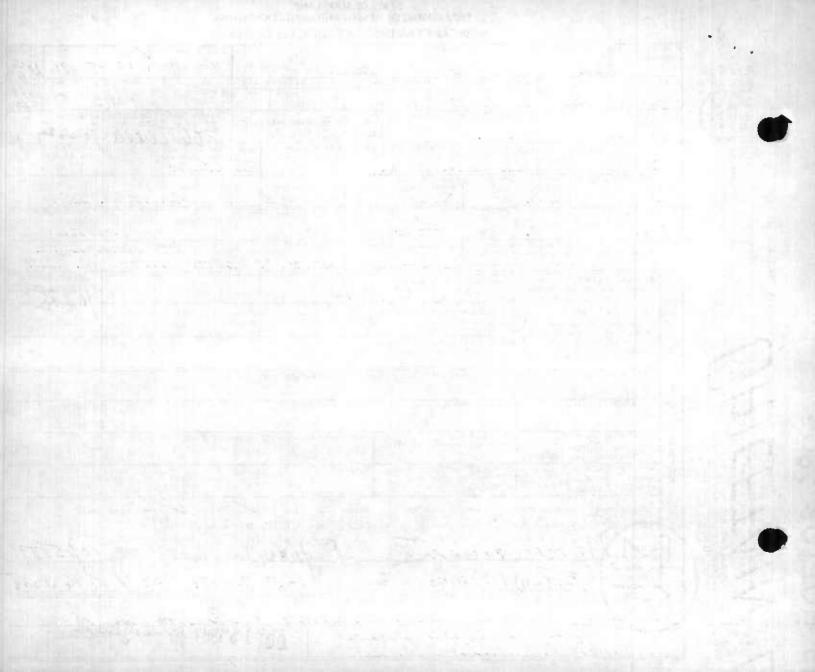
	1	FOR - STATE REGISTRAR	TRAR CERTIFICATE OF DEATH REG. NO.									
1	I. DE	CEASED NAME FIR	dith	M.		Basford				06 81	11:40 a	
M)	3. SE		4. RACE	171.	5. DATE C			6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS	
1	0.00	Female	Whi	te	10	29	YE 03	77	YRS	MONTHS DAYS	HOURS MIN.	
35		IRTHPLACE (STATE OR FOREIG COUNTRY) MARYLAND	76. CITIZEN O	F WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MA	RRIED X	Baltimore City o	R COUNTY		MD	
notifico 0	Co	ockeysville	(IF NOT IN SE	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET Broadmead	ADDRESS)	R OTHER INSTIT	NOITU	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF TEACHER	ION	12b. KIND O INDUSTRY	C SCHOOL	
See and See	130		ome or other institutio COUNTY altimore	13 CITY OR TOW COCKEYS			V 0	13e STREET ADDRESS	k Road			
1830	14 F	ATHER'S NAME	Columbu	s Basfo	ord	15 MOTHER'S M	anden nan	Elizab	eth	Isa	àac	
medicol	160 \	WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? (ES, GIVE WAR OR DATES)	214-40-7		JOHN G.		ADDRI INGER 210 N		RLES ST	21 201	
injury, or other traumatic	NOI	Conditions, if ony, whi gove rise to immedia couse (a), stating t underlying couse to PART 2 OTHER SIGNIFIC	ch (b) te he DUE TO, (c) (c)	HEYMA	DIAZ NCE OF	NF141 MITTA	LVAL	vucota de	DITION GIV	EN IN PART 110)	
18 shows any ii	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATION	N WAS PERFORM	MED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES		
ltem /	MEDICAL CE	21a, ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX.)	OF DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR			ED (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART I OR PART 2)		
morked or	MED	21d INJURY OCCURRED WHILE NOT WHILE CAT WORK	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	1/	CITY OR TO	IWN	COUNTY	STATE	
Hem 21 is		22a. I certify that (I) (this saw the deceased ali above, (I) (we) (did) (a 22b. SIGNATURE	ve nn	10		d that in (my) (or DEGREE		eoth accurred on the d	ote and have		that (I) (we) lost couses stated SIGNED	
should be detact with the State Do	23a. F	22d. PHYSICIAN'S NAME OF		1231 N	IAME OF C	220 ADDRESS		MEDICAL STAI DIRECTOR PHYSIC		10/2	6/8	
		BURIAL JNERAL DIRECTOR				PARK CE	М.	BALTIMO REC'D. BY REGISTRAR		COUNTY RAINS SIGNATI	STATE MD.	
OM 1/81 i, 4)		ITCHELL-WIED	EFELD HOM	E 6500 YOF	RK RD.	21212	OC.	T30 1981 2	Parner	San	Varther	

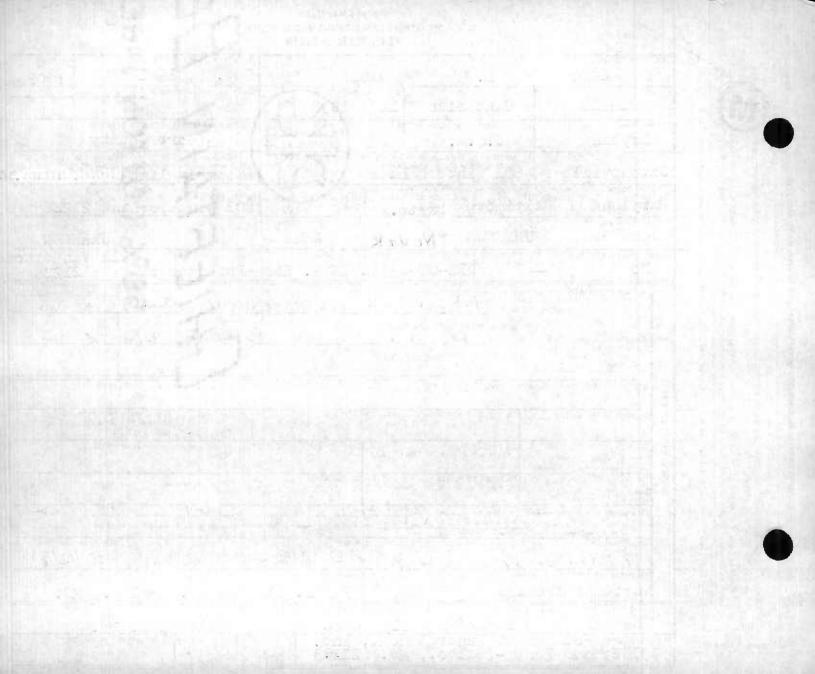
Carred to the state of the state of mission of the state of the Ellermonne Phrasac Vaccount Va DESCRIPTION AND DESCRIPTION AND PROPERTY OF A STREET, AND 12 TO HALL COLUMN AND THE REAL PROPERTY OF BUILDING STATE OF THE STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 26. HOUR LIYPE OR PRINTS BASS 81 1020 JOHN 10 3 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR WHITE MARE 12 1911 July 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? COUNTRY) Md . MARRIED NEVER MARRIED USA BALTIMORE COUNTY WIDOWED 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n. USUAL OCCUPATION 126. KIND OF BUSINESS OR Golf Pro St. Joseph Hospital INDUSTRY Golf Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 100 Daleview Ct. 136. COUNTY Timonium 13d. INSIDE CITY LIMITS? Balto Md. NO FX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Othelia MIDDLE Unknown Bass August ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214 22 7526 Claude Faye Bass Same no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 24 HOURS PERSISTENT HYPOTENSION DUE TO, OR AS A CONSEQUENCE OF DAYS PROBABLE SEPSIS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF oth underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o CERTIFICATION LOWER GI BLEED-DIVERTICULITIS SUPPERGI BLEED-DUDRENT LICER & NEWTE RENAL FAILURE 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 8/29/81 \$ 10/10/8 LOWER GI BLEED & UPPER GI BLEED NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION 0 COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that XI) (this haspital) attended the deceased from_ sow the deceased alive on 18-1011 above. (Niwe) (did) (did) view the body after death 19 81 _, and that in (My) (<u>our)</u> apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING + MO 81 10/11 ld be deta the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS ST. JOSEPH HOSPITAL BALTO. MD. RANDOLPH WHIRPS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE COUNTY STATE (SPECIFY) Burial 10/14/1981 Moreland Memorial Cemt Parkville BY REGISTRAR THE GISTRAR SELON 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 nance Mitchell-Wiedefeld Home 6500 York Rd. (VRA 15, 4)

100 110 to were the control of the control o

DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Helen Mami Bateman 4 RACE 3. SEX DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE MONTH DAY LAST BIRTHDAY PRONOUNCED white 75 female 06 DEAD 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS TYPE OF WORK OR INDUSTRY OF WORKING LIFE) Bookkeeper 2, AND 3 TO 3. RETAIN PA SHOULD BE F Milford 3615 Buckingham Rd USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 3615 Buckingham Rd. 21207 Milford 130. STATE Balto. 13d. INSIDE CITY LIMITS? NO 12 PAGES 1, 4. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE John Mary Hirschauer Bremer DIVISION OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 3875 Buckingham Rd. (YES, NO. OR UNKNOWN) LIFYES GIVE WAR OR DATES Leonard J. Bateman Baltimore, Md. 21207 No 213-70-6518 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). SIT PERMIT PART I DEATH WAS CAUSED BY **IMMEDIATE CAUSE** DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c. CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 BURIAL, YES [NO [E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIA 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. II. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 220. I certify that I taak charge af the remains described above, held on Autopsy and in my opinion death resulted fro Undetermined manner EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V BALTIMORE, MA DATE SIGNED MITTAMSON EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION COUNTY STATE 10/16/81 Loudon Park Crematory Cremation Baltimore BP 14. FUNERAL DIRECTOR Loring Byers Directors 250. DATE REC'S **DHMH-17** (VR A15 ME (5)) 8728 Liberty Rd. Randallstown, Md. 21133 15M 7/77





	STATE OF MARYLAN
FOR	DEPARTMENT OF HEALTH AND M
- STATE	CERTIFICATE OF DE

ND NENTAL HYGIENE CERTIFICATE OF DEATH

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250 DAY RECD. BY REGISTRAN 256 REGISTRAN'S SIGNATURE OF THE STANDARD OF THE ST

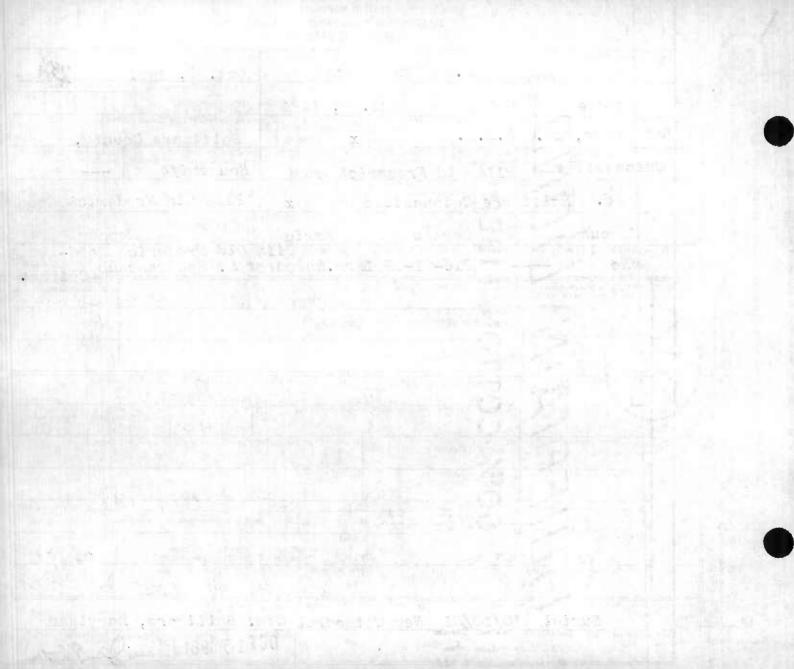
REGIS	TRAR				CERTIF	ICATE OF DEATI	Н		REG. NO.				
1. DECEASED		FIRST		AIDDLE	L	AST	2	a. DATE OF D		D. HINO	AY YEAR	2b. HOU	R
(TOE ON PRINT)		Anna		M. 1	Beaud	lette		Oct.	7.	1981		257	t
3. SEX			RACE		5. DATE C			AGE (IN YEA	RS LAST BIRTHE		ONTHS DAYS	HOURS	I HR
F	emale		White	6	Oct.	8, 189	1	89		YRS	ONIHS DATS	HOURS	MIL
70 BIRTHPLA	CE (STATE ORF	OREIGN 7b.		WHAT COUNTRY?	8	D NEVER MARRIE	9.	BALTIMORI	CITY OR	COUNTY	OF DEATH		
Balti	more,	Md.	U.S.	A .	WIDOWE			Bali	timor	re Co	ounty.		/
	OWN OF DEA					R OTHER INSTITUTION	ON I	20. USUAL O	CCUPATIO	N	126. KIND C		55 (
Cato	nsvil	le		H FACILITY, GIVE STREET		ick Road	7	Hous	ewife	6			
JUSUAL RESID	ENCE (IF NURS	ING HOME OR OTH	HER INSTITUTION.	GIVE RESIDENCE BEFOR	E ADMISSION)								
	Md.	Balti	more	Catons:	ville	13d INSIDE CITY LIA	XIIS?	2114	old	Fre	derio	k R	oa
14 FATHER'S						15. MOTHER'S MAIL	DEN NAME						
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160 WAS DEC	EASED EVER	IN U.S. ARME	D FORCES?		JRITY NO.	17. INFORMANT	2114	Old	FAROBES	pric	k Roo	id-	
IYES, NO	O UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	216-01-	-8291	Mrs.Marg	gare	t L.	Baue	rnsc	hub -	2.	12
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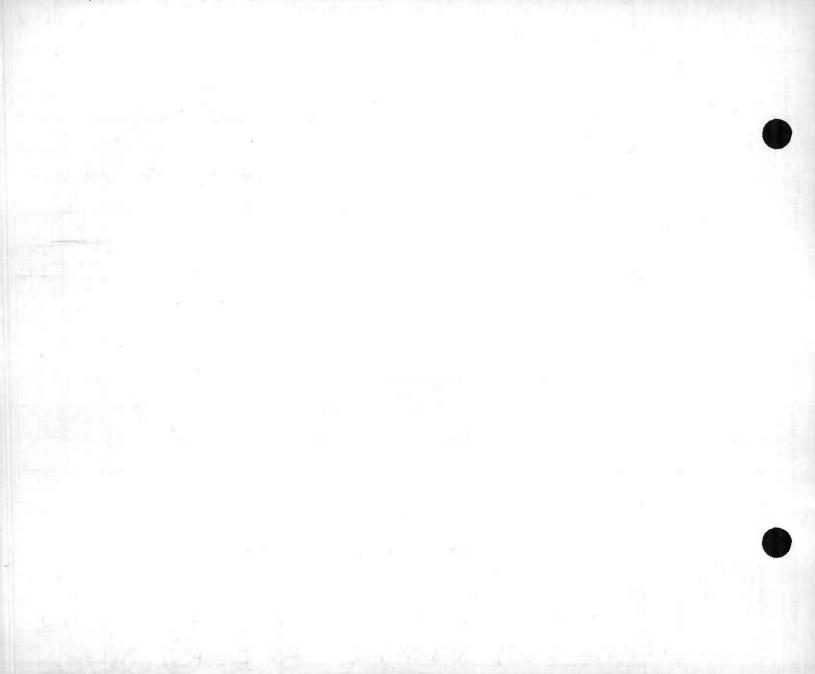
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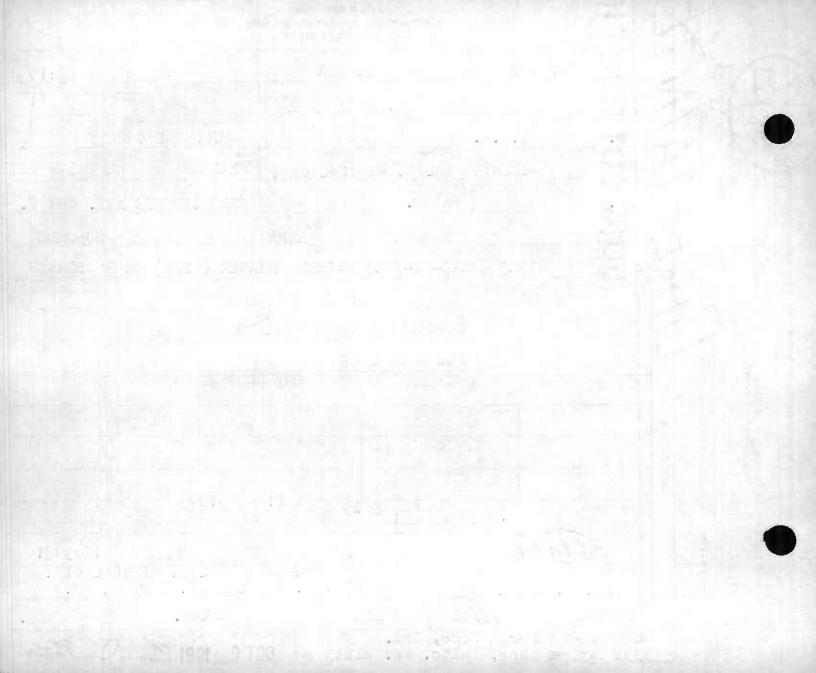
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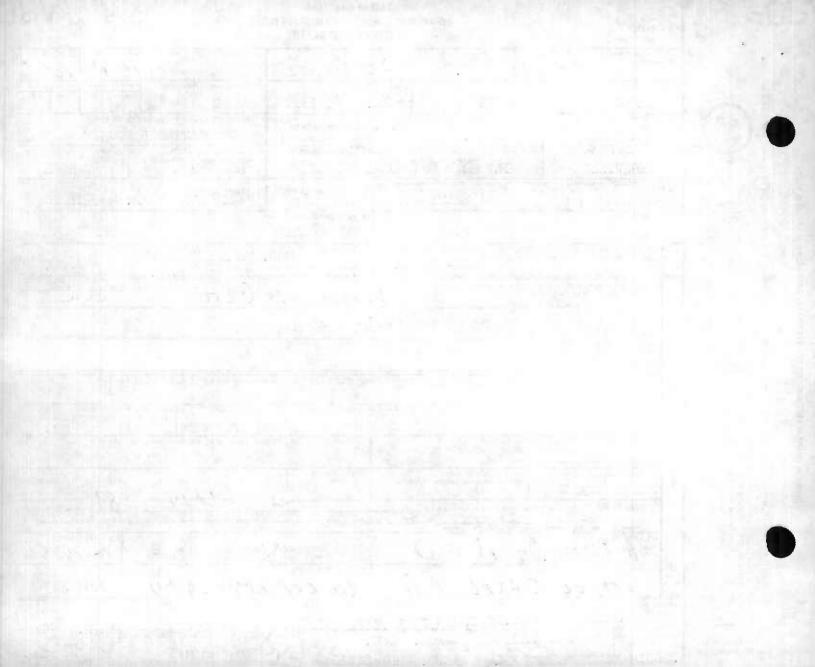
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6010 REISTERSTOWN RD BALTO



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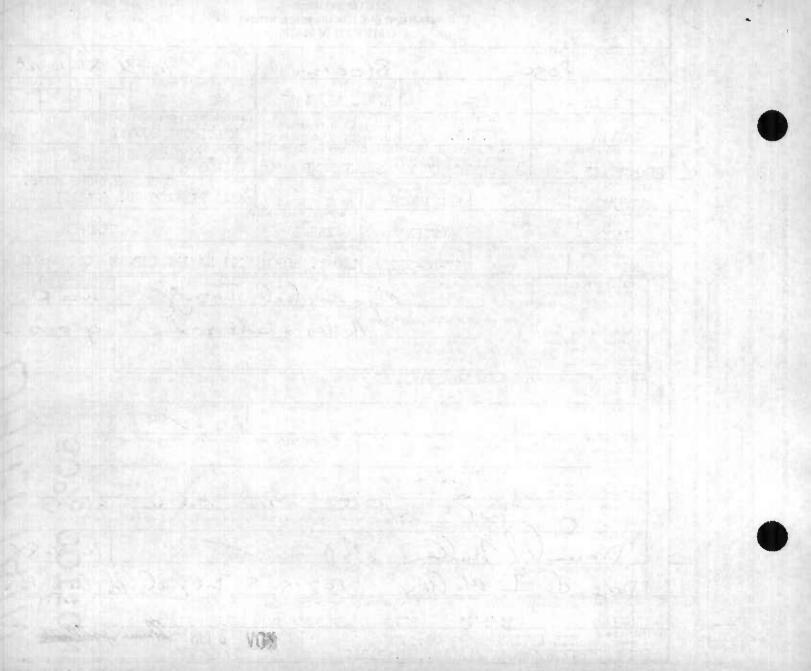
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Baltimore County 126. KIND OF BUSINESS OR K EOR MOST OF WORKING LIEE! INDUSTRY Office Mgr. Scrap metal 8819D Waltham Woods Rd. Chard ADDREG19D 216-03-3649A Arthur H. Block, 8819D Waltham Woods PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPORTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Baltimore 24 ROBERT C. ALTENBURG FUNERAL HOME. INC. 6009 Harford Rd., Balto., Md. 21214

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE	DEPARTMENT OF HEALTH AND
REGISTRAR	CERTIFICATE OF

AND MENTAL HYGIENE CERTIFICATE OF DEATH

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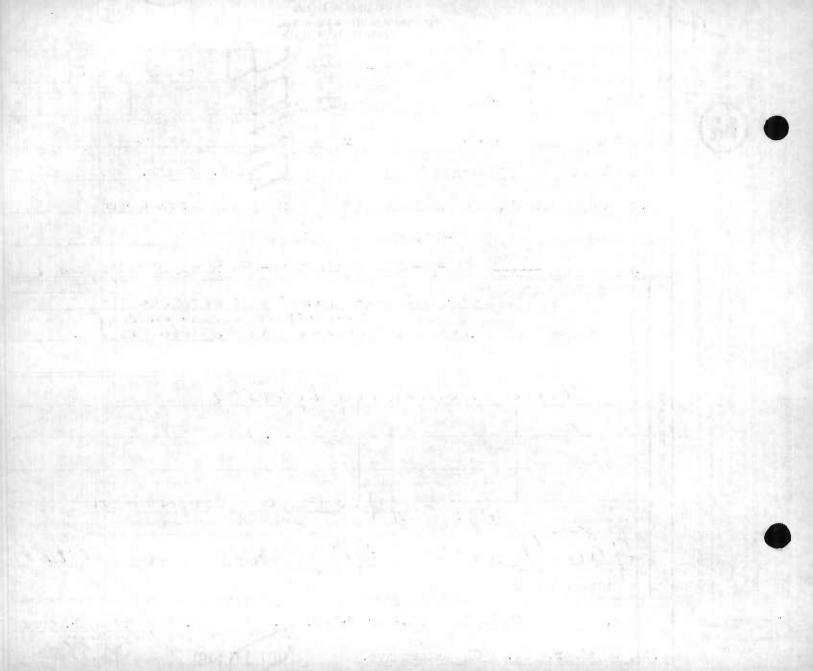
	CEASED NAME FIRST	N	AIDDLE		IAST	20 DATE OF DEATH		AY YEAR	2b. HOUR
		cent Jose	eph BOND			October 1	7, 1981		7:15a M
3 SE	× Male	4. RACE	ite	5. DATE O	H DAY YEAR	6 AGE (INYEARS LAST BIR	RTHDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
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13a. S Ma	al residence (if NU COL STATE Lryland		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimos	'N	13d INSIDE CITY LIMITS? YES IN NO	13e STREET ADDRESS 6210 Hill		., Md.	21206
	THER'S NAME FIRST John	MIDDLE BO:	last nd		15. MOTHER'S MAIDEN NAME FIRST Lillian	MIDDLE		Kan	e
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	270. I certify that (this has sow the deceased alive or above, b) (we) (did) (did) 27b. SIGNATURE	of view the body	deceased from 19		2] 19.8] and that in (mar) (our) opinion of	, to	Z, 15		
	Robert 1 22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	Ala !	MSA	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		10/17	7/81
	Robert J. T URIAL, CREMATION, REMOVA SPECIFY) Burial		23 c. N		9000 Frankli EMETERY OR CREMATORY dedeemer Cemet	23d. LOCATION CITY OR TOWN	r., 212	COUNTY	STATE
	UNERAL DIRECTOR NAME conard J. Ruck,				25a. DAT	E REC'D. BY REGISTRAR		AD S STANAT	The second second

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

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4	1.	FOR - STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	REG. NO.	25244
oy be deoth		CEASED NAME FIRST Volody	MIDDLE		Asi Chudyniv	20. DATE OF DEATH MONTH	
ge 4 moy	3 SE	× Male	White	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	0	RTHPLACE ISTATE OR FOREIGN OUNTRY) Ukraine	76 CITIZEN OF WHAT COU	NTRY? 8 MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
by the lied of	10 €	Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV 1372 Deanwoo	VE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Prof. of Hath	12b. KIND OF BUSINESS OR INDUSTRY
d within 24 hour mpletely filled in the cond 2 should be fixed by the condition of the cond	13a	ATHER'S NAME	ROTHER INSTITUTION, GIVE RESIDENC NTY 134 CITY O 1timore Bal	ce before admission) ir town timore	13d. INSIDE CITY LIMITS? YES NO NO IS MOTHER'S MAIDEN NA FIRST	13e. STREET ADDRESS 1372 Deanwoo	d Road
cate be executed yysicion and compopers. Pages 1 oyuol.		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO. 6-1265	Melania 17. INFORMANT Boris Bohun-	ADDRESS Chudyniv 13212	Shulha Ewood Lane
NG PHYSICIAN: The low requires that the death certific ottending physicion. The this certificate has been signed by the ottending physis the buriol-transit permit. Then please remove carbon act hand Aentol Hygiene prior to buriol, cremotion, or removined or item 18 shows any injury, or other traumotic even		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA. Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT OF THE PART 2. OTHER SIGNIFICANT OF T	DUE TO, OR AS A CON (b) CALL DUE TO, OR AS A CON	ISEQUENCE OF	congestive enotic ca	riso vasu	Slune Cardis.
N: The low requir yystron. costs permit. Then Hygiene prior to b 18 shows ony injury	CERTIFICATION	Seve 190 DATE OF OPERATION	196 CONDITION FOR	1 aya	ry Liler N WAS PERFORMED	200 AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
ING PHYSICIAN: The rotending physicial contending physicial conficultions of the buriol-tronsit in hond Mentol Hygin orked or Item 18 should be supported by the page 18 should be supported by	MEDICAL CE	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEV. IF EITHER, NOTIFY MEDICAL EXAMINER; 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITI	COUNTY STATE
TO HOSPITAL OR ATTENDI retained by the hospital or TO FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Heal		228.1 certify that (I) (this haspi saw the deceased alive an above, (I) (was (that) (did no 228. SIGNATURE 278. PHYSICIAN'S NAME (TYPE O HANS Koett	t) view the body ofter death.	19_810	nd that in (my) (authorizing physician) ATTENDING PHYSICIAN) 22e. ADDRESS		d hour and from the causes stated 22c. DATE SIGNED
Bb	_ '	BURIAL, CREMATION, REMOVAL Burial	23b. DATE 10/16/81		emetery or crematory ew'sUkr. Cem.		d Brook, N.Jersey
DHMH - 16 60M 7/73 (VR A 15 (4))	24 F	JNERAL DIRECTOR NAME 11y & Zeiler,]	Inc. 19 0 1 East			E REC'D. BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by it should be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE ...

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1981

REG. NO.

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	LE CH MENT!	FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1		Pearl	Α	BONS		October	31,	1981	1:38
3. SE	Female	i i	RACE White	Jam.	13. 1914 YEAR	6 AGE TIN YEARS LAST	BIRTHDAY)	MONTHS DATS	HOURS A
	BIRTHPLACE (STATE	OR FOREIGN 7	CITIZEN OF WHAT COUN	NTRY? 8 MARRIEI WIDOWE	DIVORCED D	9 BALTIMORE CITY Balt	OR COUN		
4	ossville		1. NAME OF HOSPITAL, N	JURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	126 KIND (DE BUSINESS
130 N	JAL RESIDENCE (IFN STATE Maryland	135 COUNT	THER INSTITUTION GIVE RESIDENCE INC. CLY OF	E BEFORE ADMISSION) R TOWN 2122	13d INSIDE CITY LIMITS?	130 1629 Ris	ckenba	acker Rd	. Apt.
14. FA	ATHER'S NAME	ton En	DDUE LAS	ST	15 MOTHER'S MAIDEN N.	Hearn Hearn		LA	ST
	WAS DECEASED EV			05 8785	Trvin J. Bon		ress and	Sa	me
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CATION	underlying ca	oting the use last IGNIFICANT CC	DUE TO, OR AS A CONSTITUTIONS CONTRIBUTIONS	G TO DEATH BUT	H.D.	MINAL DISEASE OR CO	20b IF Y	ES, WERE FINDI	NGS USED
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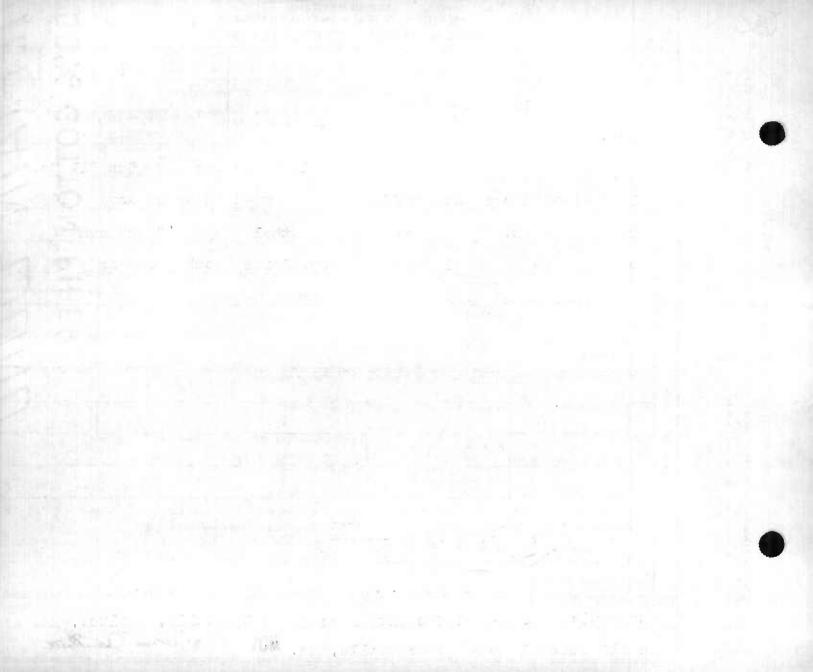
Funeral Home PA 1407 Old Eastern Ave. MO

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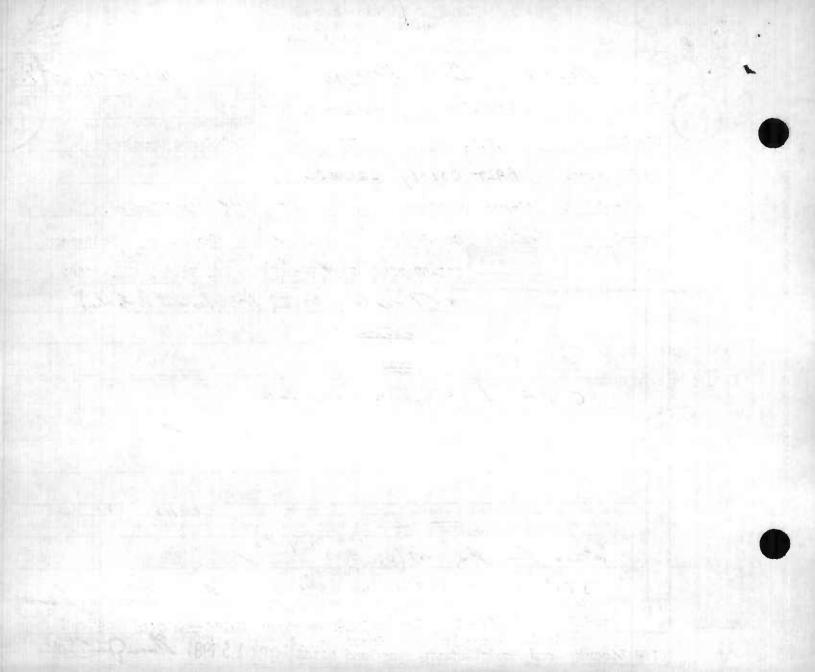
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「		Mass.		USA			WIDOW		DIVORCED		Balt	imor	re Co	unty	/	MD.
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. FEECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT PAGES I AND 2. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. DWISTON CENTRAL BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		No	N/	A.		-03-4	553	Mrs.	Dori	s Bo	oth	Sa	me a		13	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



(VRA 15, 4) 1/79

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STATE OF MARYLAND CERTIFICATE OF DEATH

FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CENTIL	ICATE OF DEATH	REG. N	0.		
		CEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH DAY	YEAR	25 HOUR
	(TYPE	OR PRINT)	BESSI	E	K	BI	ROWN	October 7			
	3. SE>	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI		UNDER I YEAR	
H	Fe	emale		White		July	g 1, DA 1903 YEAR	78	YRS.	VIAS DATS	HOURS MIN.
7		RTHPLACE (STATE COUNTRY) Greece	OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	Baltimore CITY C			
L	10 CT	TY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN		DR OTHER INSTITUTION	12a. USUAL OCCUPAT			OF BUSINESS OF
3		wson		St. Jo	seph Hosp	pital		(TYPE HOUSEWIS	EWORKING LIFE)	INDUSTRY	
5	13a S	AL RESIDENCE (FINE Maryland	AND COUN		Baltimor	N	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 40 East	27th St	E	
2	14 FA	THER'S NAME FIRST		MIDDLE K	ardaras	(6)	15. MOTHER'S MAIDEN NAM Catherin			Grot	imba
5		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
		No	(IF YES, GIV	E WAR OR DATES]	215-56-	6031	Mr Nicholas	Brown	Sa	ame	
	NOI	Conditions, if or gove rise to it couse (a), sto- underlying cou	mmediate ting the se last	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN	IN PART 10	01
7	CERTIFICATION	190 DATE OF OPER	ATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	NGS USED S OF DEATH?
7		?10. ACCIDENT WAS U OR CONTRIBUTING [CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR				NO []
	MEDICAL	216 INJURY OCCU	RRED WHILE ORK	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		22a.1 certify that (sow the dece above, (I) (we) 22b. SIGNATURE	sed olive on		23 19 7	, or	nd that in (my) (aur) apinion of	deoth occurred on the d	ote and hour a		
		224. PHYSICIAN'S	1/9	Min	Ham	6	ATTENDING PHYSICIAN TO	MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	10/	18/8/
		/		arris, 1	M.D.		8100 Harf	ord Rd.			. 6
	23a. B	URIAL, CREMATION	N, REMOVAL		0/87 23c N		EMETERY OR CREMATORY	236 LOCATION BATESTIO	re. Mar	0 land	STATE

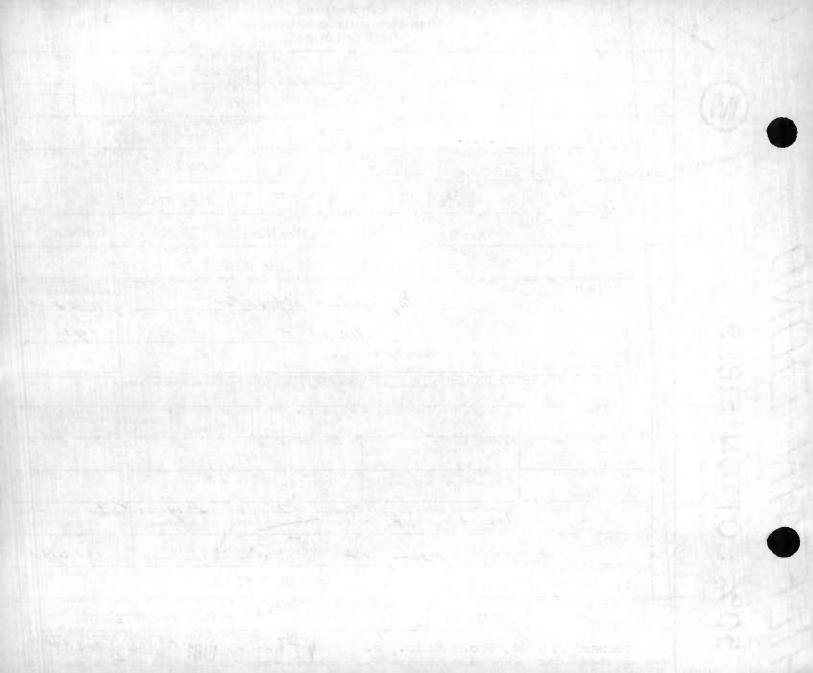
DHMH - 16 50M 1/8) (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbor paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

MPORTANT: If Hem 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto., Md.

BY REGISTRAR 256 REGISTRAR SONALIA



- STATE

REGISTRAR

4. RACE

MIDDLE

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 26 HOUR B. KOWN 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDA) YEAR White Nov.4, 1897 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore Co. USA 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Old Court Nursing Home Retired Penna. Railroad Reisterstown 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Heart Lane 15 MOTHER'S MAIDEN NAME Minnie Simpson Brown ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Edith C. Brown Reisterstown, Md. 21136 None

PART 2. OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BUT		rminal disease or con	DITION GIVEN IN PART 110	
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS L IN CERTIFYING CAUSES OF D YES A	JSED EATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCL	JRRED (ENTER NATURE OF INJU		
21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION STREET	CITY OR TO	WN COUNTY	STAT

DHMH - 16 50M 1/B1 (VRA 15, 4)

Oct.24,81

23c NAME OF CEMETERY OR CREMATORY Green Park Cemetery

DEGREE

CITY OF TOWN Portland

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

Indiana

24 FUNERAL DIRECTOR

Eline Funeral Home Reisterstown, Md. 21136

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(VRA 15, 4)

4905 York Road Balto., Md.

VAIDT 022. C , 1897 - 182 - 1837 - i Baltimpre County Holly Hill Warer Nursing Home Braffsman-Engineer L circ 216 01 2880 Wrs. Marcella M. Brucker _ 56ma Cr. Harold V. Harbold, M. D. 4706 Harrand Posts, Balto., Not. Crantin 10 14/81 recurib rosse Cabrille, Md. Henry W. Jenkins & Bons Co. 4505 York Road Balto., Md. 21816

			1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	2 5 2 5 5
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by filled	should by	3.5	13a. S	TATE 136 COUN	TY I3CCITY	OR TOWN timore	13d. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NAMED NA	13e STREET ADDRESS 4 Capri Dri	.ve
complete	of exomin	30		FIRST	Brummel	IAL SECURITY NO.		inia Crittenden	LAST
on and	ers. Pages f. the medical		(1	res, no or unknown) (if yes, given known)	war or Dates} - 218	01 9671		ssberg Los Ang	
gned by the attending phys	in please remave carbanpak burial, crematian, ar remavo ry, ar ather traumatic event,			Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CO	DISEQUENCE OF DISEQUENCE OF	Pros ta	is afs	
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ling physic s certificate	Mental Hyg	9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA- (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY	19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
After this	os the builth and N		ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR	Y, OFFICE, FARM, ETC.)	STREET TO THE STREET	CITY OR TOWN	COUNTY STATE
the haspital a	foched for use e Dept. of Heo if Hem 21 is m			22a.1 certify that (I) (this hospits saw the deceased alive an abave, (I) (hus) (did) (did 12b.). SIGNATURE	view the bady after deat	19 <u>81</u> , a	DEGREE ATTENDING	to death occurred on the date and h	, 19, that (I) (we) lost nour and from the causes stated
toined by O FUNERA	should be defined with the State	1		22d PHYSICIAN'S NAME (TYPE OR WALTER	PRINT) KA	EES	22e ADDRESS	ukton Mc	(2/11)
BP	v 2 ₹			URIAL, CREMATION, REMOVAL SPECIFY Cremation	10/31/81		emetery or crematory fount Cemetery	Baltimore, M	Ad. COUNTY STATE

6500 York Rd.

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR

MITCHELL-WIEDEFELD HOME, INC.

MILES SWITTERS WE in letters and in the and the state of the state of the r t .: - 1 in the second of receipt - program and part of the company of the co

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR (Type ar print) Sister Month Gertrude BRUTON 5 A.M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS MONTHS HOURS FEMALE WHITE 1892 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED BALTIMORE UNITED STATES WIDOWED [DIVORCED County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) **INDUSTRY** STEVENSON W. PRESTON STREET, BALTIMORE, MARYLAND 21201 INFIRMARY VILLA TULIE TEACHER EDUCATION 3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE 13b. COUNTY BALTIMORE 1531 Greenspring VAllex STEVENSON NO X 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First George Bruton 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, ar unknawn) 1531 193-40-7890 Sr. Catherine APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY PUIMINAY IMMEDIATE CAUSE (a) Drobable DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) (b) CCTEBYAL VASCULAY dISCASE rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause please recent strake PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 301 permit. DIVISION OF VITAL RECORDS, 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO T 21g. ACCIDENT WAS burial, UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING (AUSE OF DEATH HOUR A.M. Manth Day (If either, natity medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State Caunty While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased fram _______, 1973, ta Oct 14-19 81, and that in (my) (aur) apinion death accurred an the date and haur and fram the saw the deceased alive an___ och causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22h, SIGNATURE DIRECTOR: 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS ME (Type) 301 TO FUNERAL shauld of Heal 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL CREMATION. (State) REMOVAL (Specify) Ilchester, Howard, Maryland 10-21-81 Ilchester Chmetery ADDRESS 1050 York Rd 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR QHMH-16 1/71 30M Ruck Towson Funeral Home, Inc. Towson, Md. 2120460T (VR A15 (4))

Charles de la late de la Milliante

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE KNOWN (TYPE OR PRINT) WINDNA ESTI-JUNE DEATH MATED SEX DATE OF BIRTH 6. AGE (IN YEARS 2d HOUR IF UNDER 24 HRS DATE AST BIRTHDAY PRONOUNCED Female White Oct. 29 .1931 49 DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
Lest Virginia MARRIED NEVER MARRIED West USA Baltimore County WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS TV Shop Secretary Essex Savannah Road USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Essex 13d. INSIDE CITY LIMITS? 321 Savannah Road 21221 NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST FIRST Cecil Hinchman Ruby Wolfe 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 235-46-3603 Robert Bryan Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for HIEF MEDICAL EXAMINER ALONG VISED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, EIRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION INTING THE WORD "PE SDED TO THE CHIEF A F. 3 SHOULD BE USED A E DEPARTMENT OF HE 31 PRIOR TO BURIAL, (19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY UNDERLYING OR WEDICAL CATE, WRITING THE FORWARDED TO 10 26 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME. 211. LOCAT EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER BEATTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE AT WORK 226 I certify that I taak charge of the remains described above, held an Autopsy death resulted fram: Natural causes Accident DATE EXAMINER'S NAME ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 736 DATE Burial Gardens of Faith Cem. Baltimore County **DHMH - 17** Funeral Home M 1407 Old Eastern Ave. (VR A15 ME (5)) 15M 2/80

133 east, too sta elas. ndimed areal and 15525 Seek Share Van Lie will keek was a ground and brailway - 23,-96-3603 Februar Eryan care Below Brillian Comment of the Brillian THE DAY HELD IN THE STATE OF TH during 16-3-1 dardens of with Con. Deligner County, Largend Truncished Financial into the 1007 the bistory live.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Rd.

Md.

22c. DATE SIGNED

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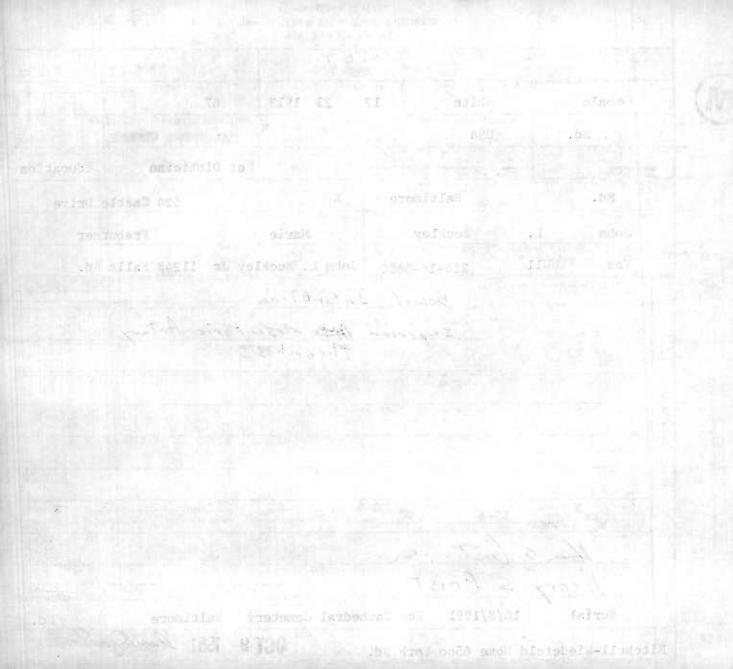
26 HOUR

12b. KIND OF BUSINESS OR Education

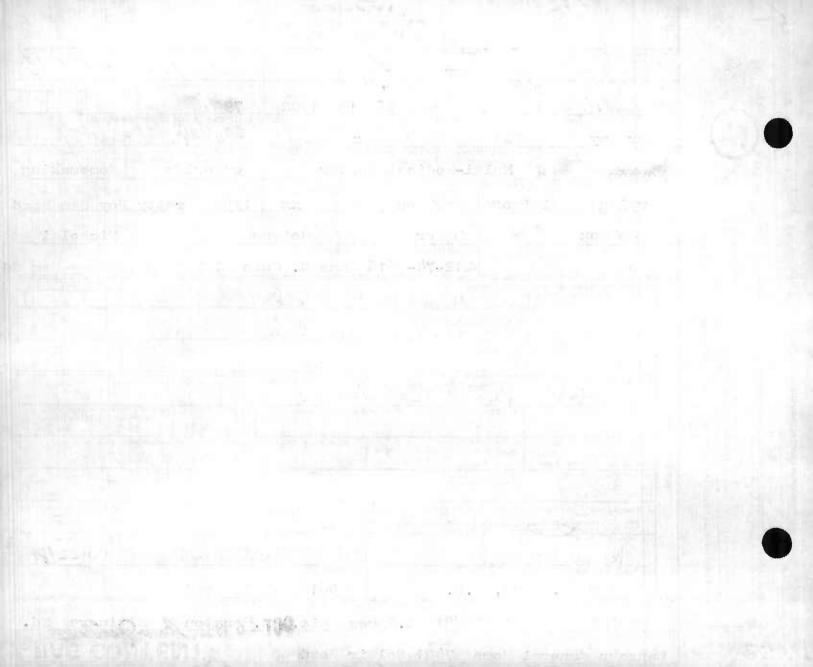
IF UNDER TYEAR

9:30a

IF UNDER 24 HRS



	1.	FOR STATE REGISTRAR		IT OF HEALTH AND MENTAL HYC ERTIFICATE OF DEATH	REG. NO.	25259
r may be , page 3 ter death	1. DE	CEASED NAME (#51 OR PRINT)	Lauer 5.	DATE OF BIRTH MONTH DAY YEAR		DAY YEAR TH. HOUR A M. If under lifear # Divider 2+ MS. INCHES DAYS HOURS MAIN
Page 4		THPLACE (STATE OF FOREIGN OUNTRY) Germany		06 10 1902 MARRIED NEVER MARRIED ADDORCED DIVORCED	1 BALTIMORE CITY OR COUNTY	
hours the mile	T	OWS On	11. NAME OF HOSPITAL, NURSING H (IF NO! IN SUCH FACILITY, GIVE STREET ADDI Multi-Medica	nome or other institution RESS) Center	IZETUSUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LE Housewife	125. KIND O JUSINESS OR INDUSTRY Homemaking
within 24 hc ely filled in ishould be fil	13a	aryland Bal	timore Parkton	134. INSIDE CITY LIMITS?		Boy Dam Road
ificate be executed within 24 hour ysician and completely filled in by pers. Pages 1 and 2 should be file oval.	16a Y		WAR OR DATES)	Magdeles YNO 17 INFORMANT	n.e ADDRESS	Nicholai
t teem o		PART I. DEATH WAS CAUS	y ane cause per line for (a), (b), and (c) BY. E CAUSE (a)	hat in kel	ole 17323 Pre	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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V: The law require has been sign permit. Then piene prior to build 3 shows any injit	CERTIFICATION	190 DATE OF OPERATION	ONDITIONS CONTRIBUTING TO DEA	Sufferice	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
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TO HOSPITAL Oretained by the horor TO FUNERAL DI should be detache with the State Depring the Company of the State Depring the State Depri		224 PHYSICIAN'S NAME ITYPE		M O ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	10/22/81
PBP TO F Should with IMPC	23a	Howard H. BURIAL, CREMATION, REMOVA SPECERY Burial	236. DATE 23c. NAA	AE OF CEMETERY OR CREMATORY	lair Road 13d LOCATION CITYOR TOWN N Montidon / Ba	county state
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR NAME ASSAHN Fune:	ADDRESS	Belair Road 10	E REC'D. BY WEG STRAM THE REGIS	



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35	13a 3	RYLAND 13	BALTIM		GIVE RESIDENCE 13¢ CITY OR BALT	BEFORE ADMISSION TOWN IMORE	13d. INSIDE CITY LIM		s street address N. CHA	C	ST. AVE	. 21204
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e medico		NAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED I		2/4-7	SECURITY NO. 14-325	Daughe	ter	305 C	charle	eruth	7. pl 12
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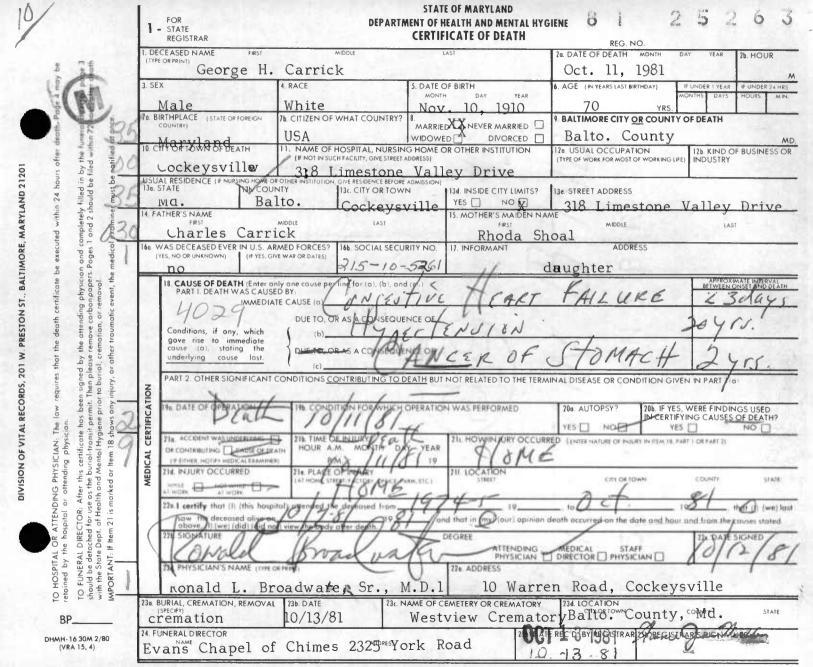
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		CEASED NAME FIRST	WIDDLE		AST	2a. DATE OF DEATH MONT	H DAY YEAR 26 HOUR		
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Ter of	3 SE	X 4	RACE	S. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
ge 4		MALE	BLACK	Au	94, 1908	73	MONTHS DAYS HOURS MIN.		
2 hours	7a. B	RIHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH		
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	10 C	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS OR		
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212	U5U 13a	AL RESIDENCE OF NURSING HOME OR OT	HER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSIONI		13e. STREET ADDRESS			
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RYL,	14. F	THER'S NAME FIRST MID	DIE LAST		15 MOTHER'S MAIDEN NAM				
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MORE, cond co	160 \	VAS DECEASED EVER IN U.S. ARME		CURITY NO.	17 INFORMANT	ADDRESS			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 2. It oftending physician. We have certificate has been signed by the oftending physician and completely fill the strength of the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be the and Mental Hygiene prior to burial, cremation, or removal. The notation of the property of the property of the page 1. It is also that the property of the prop	NOI	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF UNDERTOO OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART							
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5 5 5 4 3 ₹			23b. DATE 23	NAME OF	EMETERY OR CREMATORY	23d LOCATION			
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DHMH - 16 50M 1/81		INERAL DIRECTOR	.0000		250 DATE	REC'D. BY REGISTRAR 256. R	EGISTDAR'S SIGNA WE TATA		
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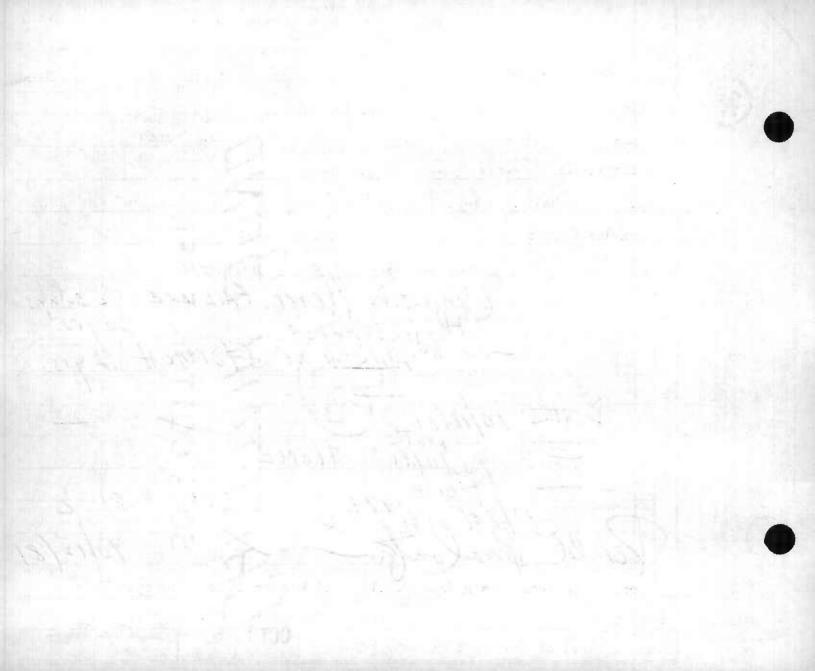
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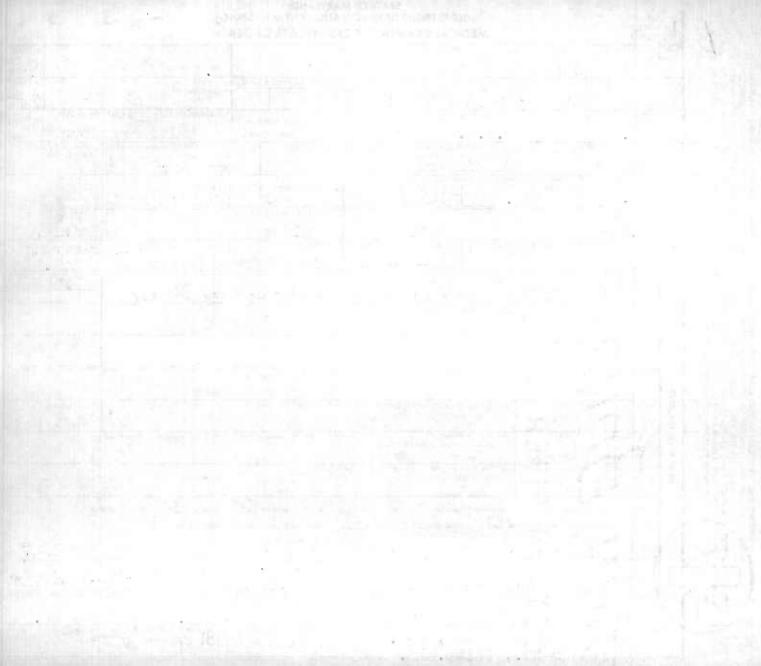
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST I. DECEASED NAME Q. DATE KNOWN (TYPE OR PRINT) OF ESTI-Alice Caton 2, AND 3 TO THE FUNERAL DIRECTOR.

3. RETAIN PAGE 5, FOR YOUR FILES.
SHOULD BE FILED, WITHIN 72, HOURS.
I. RECORDS, 3011 W. PRESTON STREET, Ann NECESSARY, PLEASE 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR 20 DATE PRONOUNCED LAST BIRTHDAY) 00 1918 31 62YRS 26 Female White Oct DEAD AM Th. CITIZEN OF WHAT COUNTRY? 40. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | FOREIGN COUNTRY) Md. U.S.A. DIVORCEDXX Baltimore County WIDOWED 2, AND 3 TO THE FIG. 2. RETAIN PAGE 5 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Baltimore Winters Homemaker CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN 1 : USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE OF HEALTH AND MENTAL HYGIENE, DIVISION OFWITAL RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Balto. Baltimore 801 Winters Lane NO TX YES _ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME - X MIDDLE LAST MIDDLE Alice DeShields Caton 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 5921 Bertram (YES, NO. OR UNKNOWN) 212-05-0024 no dghtr Ave. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF REMOVAL Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [q]. CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES NO [WARDED TO THE C PAGE 3 SHOULD BE STATE DEPARTMENT BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 2) C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHC AFTER DEATH, WITH THE STATE DEPAR BALTIMORE, MARYLAND, 21201 PRIOR 21e. PLACE OF INJURY (AT HOME 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN STATE COUNTY WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) DATE SIGNATURE EXAMINER'S NAME 23d, LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial STATE Balto. New Cathedral BP. 24. FUNERAL DIRECTOR SCHIMUNCK **DHMH-17** Funeral Inc. Inc. (VR A15 ME (5)) Relair Rd 30M 7/73 Balto.



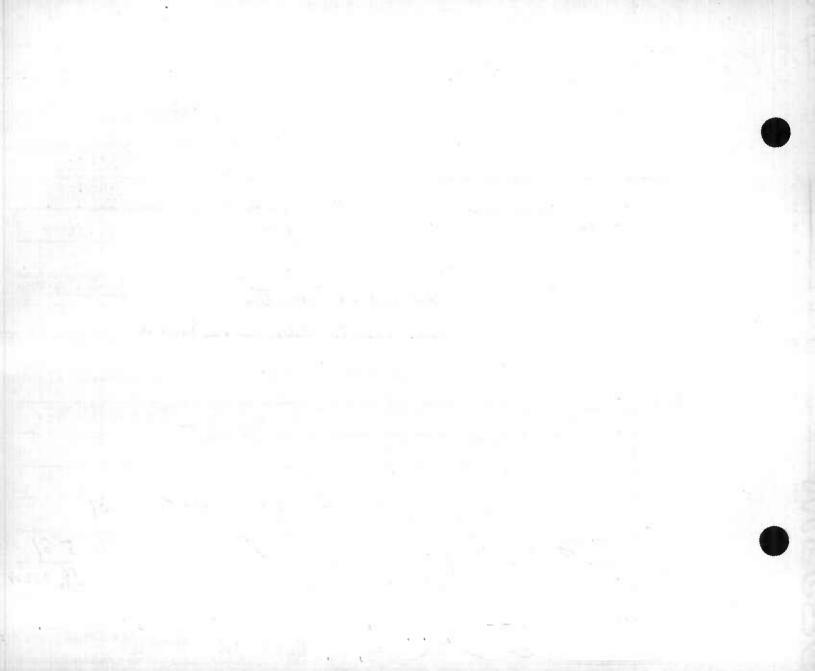
24 FUNERAL DIRECTOR

DHMH-16 20M (VRA 15, 4) 7/7B FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH MONTH YEAR 2h. HOUR 10:00p.4m Cehula 10 IF UNDER 24 HRS AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR YEAR HOURS 03 YRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED ONORCED Baltimore County 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY / 1 Lumbino retired 21921 134 INSIDE CITY LIMITS? 13. STREET ADDRESS YES TO 200 Landing Lane Elkton Md 15. MOTHER'S MAIDEN NAME MIDDLE ugenia **ADDRÉSS** 17 INFORMANT Tawes Nursing Home Spring Grove Hosp. Ctr. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOMY NO [YES 🗍 YES | 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22a ADDRESS NH PO. BOX 3235 238 LOCATION 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE CITY OF TOWN 750 DATE REC'D. BY REGISTRAP 756. RECIST LAR'S SKONATURE



DHMH - 16 50M 7/77 (VRA 15(4))

24. FUNERAL DIRECTOR

FOR

- STATE

ADDRESS SLACK Funeral Home, Ellicott City, Maryland 21043

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Pikesville. Baltimore 1981

75 HOUR

HOURS

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

COUNTY

COUNTY

22c. DATE SIGNED

IF UNDER 24 HRS

IF UNDER LYEAR

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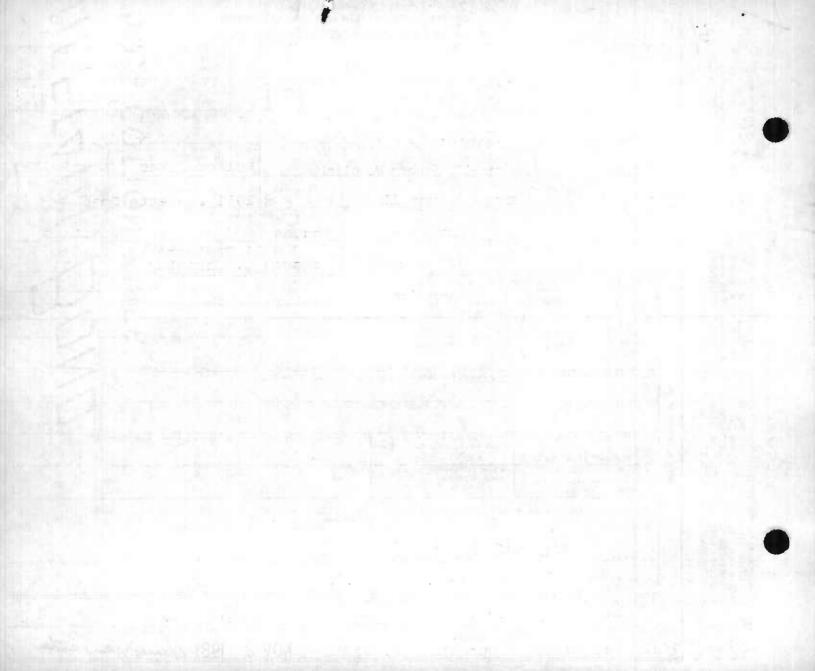
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CERTIFICATION	19e. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?			1	2D	AUTOPSY?	NO 🗆
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- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

orth East. Md.

12b. KIND OF BUSINESS OR Pharm.

APPROXIMATE INTERVAL

COUNTY

Cecil

22c DATE SIGNED

10/24/81

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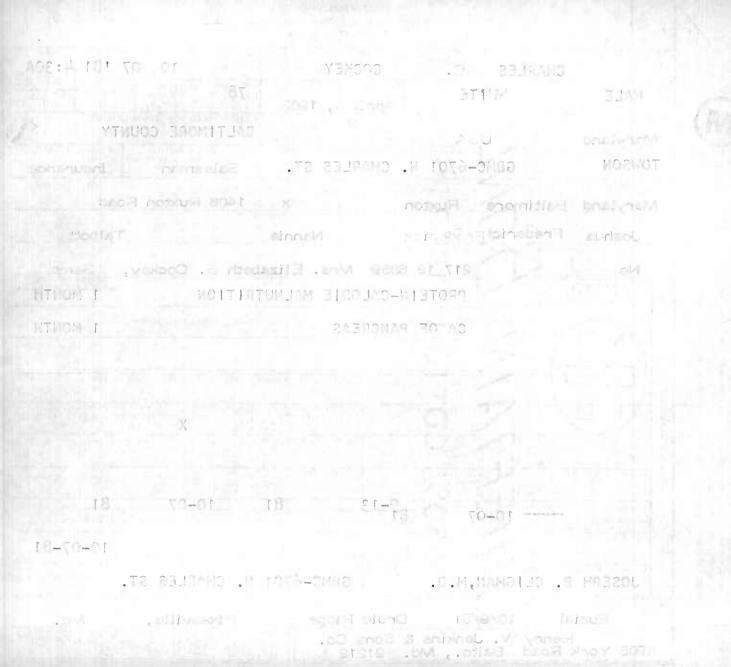
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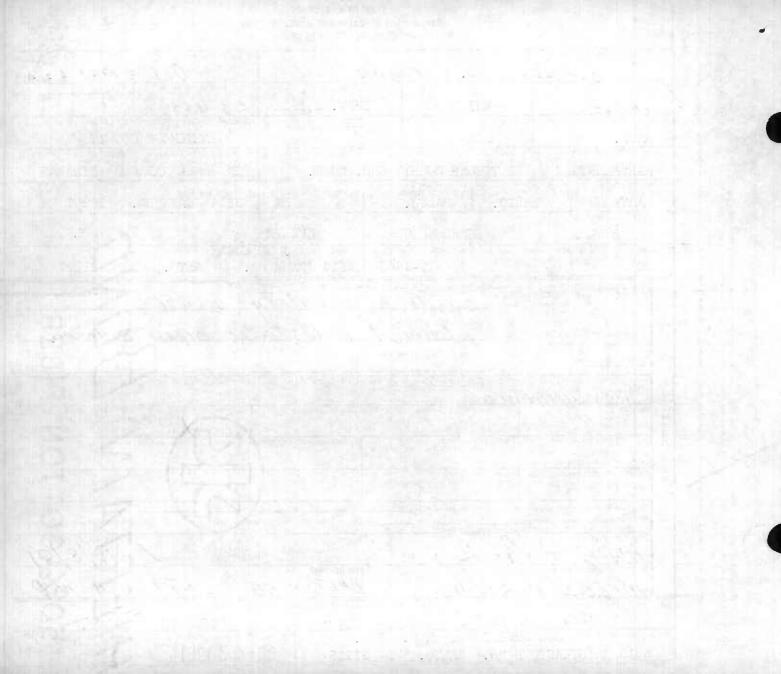
		FOR STATE REGISTRAR	15 G 560 10/14/8: DEPARTI	MENT OF I	E OF MARYLAN HEALTH AND MI FICATE OF DE	ENTAL HYG	REG. NO.	2 5 2	7 0
		CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR
	90	MARIE	TTA R	CLA	ARKSTON		10 1:	1 1981	3.004
	3 SE	X	4. RACE		OF BIRTH	45.40	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DATS	
		FEMALE	WHITE	06	î 0	21	60	YRS DAYS	HOURS MIN.
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58		ALTIMORE MD	11. NAME OF HOSPITAL, NURSIN I IF NOT IN SUCH FACILITY, GIVE STREET ST JOSEPH'S	ADDRESS) HOSE	OR OTHER INSTIT	UTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife	12b. KIND	OF BUSINESS OF
35	130.	MARYLAND 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134 CITY OR TOW	/N	13d INSIDE CIT	Y LIMITS?	13e. STREET ADDRESS 5712 PLA	INFIELD	AVENUE
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350		Joseph	Rawlings		Druci		Hor	nsby -	•
Dispared		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMAN	T	ADDRESS		
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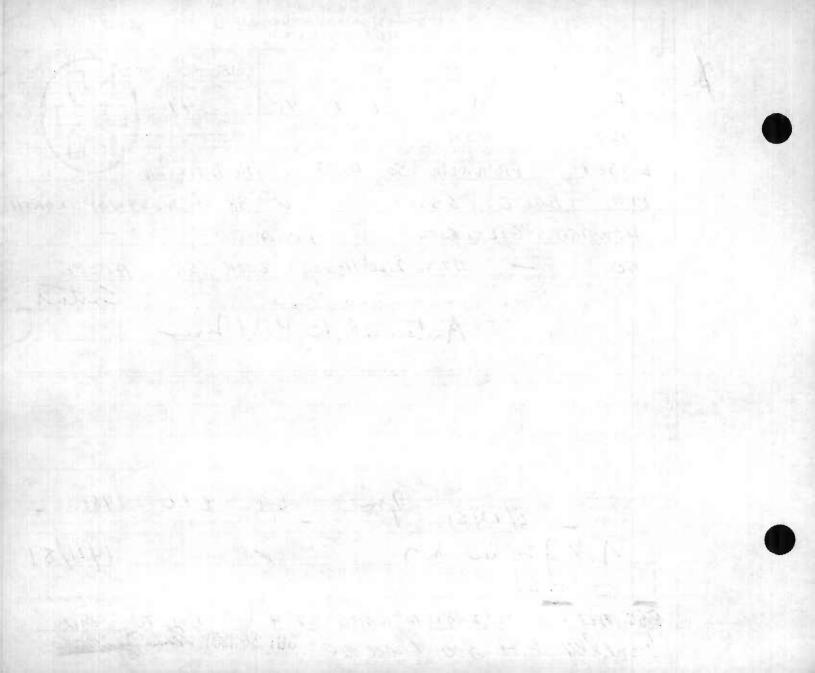
STATE OF MARYLAND



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	8		- STATE REGISTRAR					ICATE OF DEATH	REG. N	0		
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or o		23o	BURIAL, CREMATION, F	REMOVAL	23b. DATE	25c. N	AME OF C	METERY OR CREMATORY	23d LOCATION	1 01		7
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(VRA 15, 4)			6010 REIST	ERSTO	WN RD.	BALTO.,	MD 2	21215 00	T 13 1981	Granca	Man	/arther



	1.	FOR STATE REGISTRAR		DEPARI	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		NE 3	2 5	2 / 3
o m = N		CEASED NAME OR PRINT)	ANN	MATE	LAST		DATE OF DEATH		I S O O II
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equires the signed Then plect ta buriol injury. ar	NO	PART 2 OTHER SIGN	HFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	THE TERMIN	AL DISEASE OR COND	DITION GIVEN IN PART	1(0
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Ş	of Shirt		23a. E	URIAL, CREMATION, REMOVAL	. 23b. DATE	23¢. NAME OF C	EMETERY OR CREMATOR	RY 23d. LOCATION	~	
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STATE OF MARYLAND

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be natified at ance

FOR STATE

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

	REGISTRAR				CENTII	ICAIL OI	DEATH	REG. N	O.				
	CEASED NAME	FIRST	N	AIDDLE	ı	AST		20. DATE OF DEATH	нтиом	DAY	YEAR	2b. HOUR	6
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3. SE	Х		4 RACE		5 DATE C		YEAR	6. AGE (IN YEARS LAST BIR	THDAY	IF UND	DAYS	IF UNDER 24 H	
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10. C	ITY OR TOWN OF DE	ATH			URSING HOME C	R OTHER INS	STITUTION	12a. USUAL OCCUPAT	ION	12b	. KIND C	OF BUSINESS	OR
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	Bernar	d	Cı	conin			Nora			ard	on		
	WAS DECEASED EVER		MED FORCES?	16h SOCIAL	SECURITY NO.	17 INFORM	ANT	ADDR	ESS				
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CERTIFICATION	190 DATE OF OPERA	ATION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?				NGS USED	
IFIC			377					YES NO		ES T	CAUSES	OF DEATH?	
CER	210. ACCIDENT WAS UN	DERLYING				21c. HOW I	NJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18.	PART 1 O	R PART 2)		
_	OR CONTRIBUTING		417		DAY YEAR								
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	saw the decea		5 4	. "	A 0	nd that in (m)	(our) apinian	death accurred on the c	late and ha	, , , ,	,		
1	obove, (I) (we)	(did) (did no	ti view the bady			DEGREE						SIGNED	
10	22b. SIGNATURE	10.	0 . (7.	10		ATTENDING ,	MEDICAL STA	FF _	4	10 /	SIGINED A	1
	and private the lie	cee	cy -	tote	eval	122e ADDRE		DIRECTOR PHYSI	CIAN		(000	6.41	
	22d. PHYSICIAN'S N				1-	ILE ADDRE	100	1 10	. /	_ /	3.	t not	
	SIA	NLEY	1 ANX	LUYE	18	(101	mand	ew cleer	ce L	L. /	ine	(. Mes 2	122
23a.	BURIAL, CREMATION	I, REMOVAL	23b. DATE		230 NAME OF C	EMETERY OF	CREMATORY	23d. LOCATION CITY OR TOWN		COUN	TY	STATE	1
	Burial		Oct. 1	9,1981	St. C	harles	Mary 1	34	Balt	imo	re,	Maryla	nd

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. ADDRESS altimore, Md. Baltimore, Maryle

OCT 1 6 1981

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	PE OR PRINT)	ART	HUR	В.	CROOK		20. DATE KN OF E DEATH M	STI-	10- 4 19	21 6
3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE IIN YEAR		IF UNDER 24 HRS		AIEU G	ONTH DAY	YEAR 2d
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70. B	SIRTHPLACE (ST	TATE OR	7b. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED X NE	VER MARRIED	9. BALTIMOR	E CITY OR C	OUNTY OF DEA	TH
ľ	Maryland		USA		WIDOWED	DIVORCED	Balti	more C	County	
10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOSP	PITAL, NURSING HOME,	OR OTHER INSTITU	TION 120. US	SUAL OCCUPAT	ION (TYPE OF Y	WORK 12b. KIND OR IN	DE BUSIN DUSTRY
	tonsvil		6168 Red	gent Park R					tate Por	a Aut
13a. S	STATE STATE	13b. COUN		13c. CITY OR TOWN Catonsvill		NO 2 61	REET ADDRESS	nt Par	k Road	
14. F.	ATHER'S NAME		MIDDLE	LAST	F	ER'S MAIDEN NAM				
	Arthur		Bryan	Crook		argaret	L	•	Fe.	lix
(Y	YES, NO, OR UNKNO		WAR OR DATES)	16b. SOCIAL SECURITY				ADDRESS	11 45	
	/ee		-1964 nly ane cause per line.	220-18-85	55 Mrs.	Jean L.	LTOOK	Same a	as # 13	
NO	lying cau	51241145	(c)	AS A CONSEQUENCE O		N GIVEN IN PART 1 (o).				
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TIFICATION	19a. DATE OF	OPERATION	19b. CONDITI	ION FOR WHICH OPERA	ITION WAS PERFOR	MED?			20. AUTO	
CAL CERTIFICATION	19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTIN	L CAUSE WAS	21b. TIME OF HOUR A.M.			MED?	R NATURE OF INJURY	IN ITEM 18 PART I	YES	
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	1	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE	8 1 REG. N	# 45	2 5 2	7 8			
		CEASED NAME FIRST	MID	DDLE	i	AST	20 D	ATE OF DEATH	MONTH	DAY YEAR	2b HOUR			
3 50			enry M.	.cClenn	on	Dahler	0	ctober :	22, 1	981	5:30 Pu			
1 1	3, 58	×	4. RACE	Winds I	5 DATE C			E (IN YEARS LAST BI	RTHDAY	IF UNDER I YEAR				
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		Maryland	USA		WIDOWE		āl	Baltimo	re Co	unty	MD			
s offer by the iled with		Rossville	11. NAME OF HO (IF NOT IN SUCH FI Frankli	ACILITY, GIVE STREET A	DDRESS)	ROTHER INSTITUTION	(TYPE	OF WORK FOR MOST	OF WORKING	LIFE) INDUSTRY	F BUSINESS OR			
in b	-WSU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIV	VE RESIDENCE BEFORE	ADMISSION)	ospi tai	ve.	lding S	uper	Betn	.Steel			
in 24 h	M			Overlea		13d. INSIDE CITY LIMITS YES NO 🔀	3	TREET ADDRESS	Ave	enue	21206			
d 2 d 2	14. 17	ATHER'S NAME FIRST	MIDDLE	LAST	7-14	15 MOTHER'S MAIDEN	NAME	MIDDLE		LAS	ST.			
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eath certificat tending physic re corban pape on, or removal umatic event, t		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA) Gooditions, if ony, which	TE CAUSE (a)	пато-ра	Illotta	ry arrest quamous cel	l car	cinoma		BETWEEN	IMATE INTERVAL ONSET AND DEATH			
quires that the disigned by the arrived by the arrived for buriof, cremotivity, arrather tro	NO	gave rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR A	s a Consequer	NCE OF	NOT RELATED TO THE TE			DITIONG	IVEN IN PART 110	3.			
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g physicing physicing certificate rial-transit and Hygi tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			YEAR	21c. HOW INJURY OCC	URRED (E	NTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)				
ottendin otter this s the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE, FAR	RM, ETC }	21f LOCATION STREET		CITY OR TO	IWN	COUNTY	STATE			
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O HOSPITAL OR VICE FROM TO FUNERAL DIRECTOR Should be detached with the State Dept MPORTANT: If then		226 PHYSICAL S MAKE THE	mzes	lag.	w	ATTENDING PHYSICIAN 22e. ADDRESS	DIRE	DICAL STA	IAN 🔼		22/81			
should be with the S			nza Tez			9000 Frai		Square	Dr.,	21237				
BP		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 10/26/	-		METERY OR CREMATOR	rk Pa	LOCATION CITY OR TOWN TRV111	e B	aítimo	re,Md.			
HMH - 16 50M 1/81 (VRA 15, 4)		neral director assahn Funera	1 Home	748° I	Belai	r Road "50	CT2	7 1981 2		STRAP'S SIGNATI				

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO DECEASED NAME 28 DATE OF DEATH 2b. HOUR TYPE OF PRINTS WILLIAM DANIEL 3rd J. 20/81 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 21, 1916 Male White July 65 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. TOWSON ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Manager - Burroughs Corporation BALT IMORE N CHARLES ST GBMC GIVE RESIDENCE BEFORE ADMISSIONI 13e STATE Parkville 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore NOK 2400 Hillcrest Avenue YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE William J. Daniel. Jr. Olive unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS YES NO OR UNKNOWN) 068-05-0404 Mrs. Betty L. Daniel 2400 Hillcrest Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: RESPIRATORY ARREST METASTATIC OAT CELL CANCER OF LUNG Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED

21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION OC 10

DEGREE

Loudon Park

CITY OR TOWN COUNTY

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

Baltimore

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

73d. LOCATION

22c. DATE SIGNED

STATE

776 PHYSICIAN'S NAME (TYPE OR PRINT) DR BLAIR P GRUBB

220.1 certify that (1) (this hospital) attended the deceased from

above, (1) (we) (did) (did not) view the bady after death.

OCT

23b. DATE

10-22-1981

NOT WHILE

sow the deceased alive an_

22e ADDRESS

ATTENDING

GBMC

230 NAME OF CEMETERY OR CREMATORY

Cremation 24 FUNERAL DIRECTOR

MPORT

BP.

DHMH - 16 50M 1/81

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Ruck Towson Funeral Home, Inc. Towson, Maryland

COUNTY Maryland

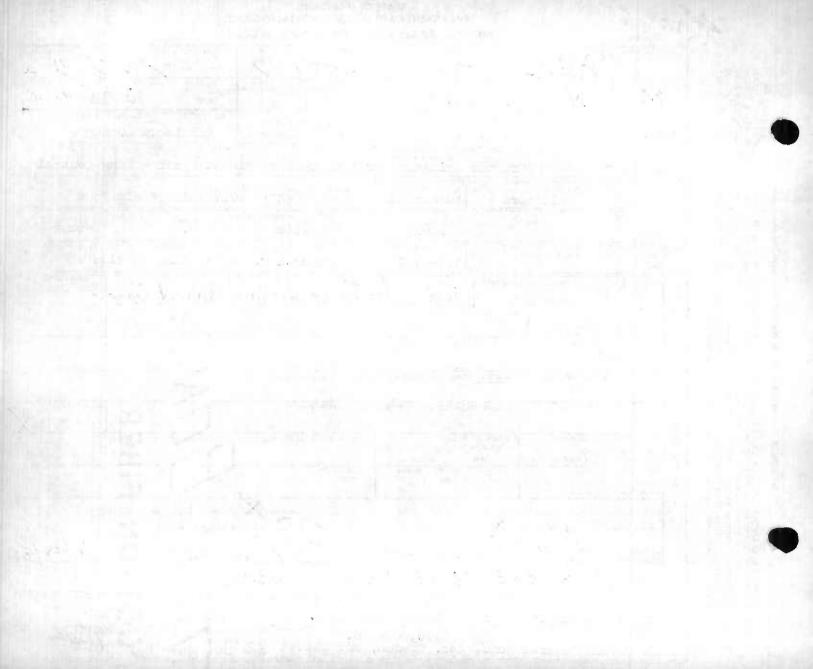
1050 York Road | 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUS

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SOLD OF 1914 ANNAUGU LINGS OF AND LINES OF THE RESIDENCE

30M 7/73

STATE OF MARYLAND



(N	1.	FOR - STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		5 2 8 1
Y.K.D.	I. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
1		OR PRINTS		0		. 30
o o o	3. SE	Emo	na Grace	Davis		27-81 6 PM
offe	3. SE	Female	White	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
5500	2. 0			Feb. 28, 1887	94 YRS.	
72 h		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
tas		Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore C	ounty MD.
will will will		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
101		atonsville	Summit Nu	rsing Home	Clerk	Drug Store
st be	USU. 13a		OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 1136 INSIDE CITY LIMITS?	13e STREET ADDRESS	
(1)		Md. Balt	imore Catonsv	ille YES NOX	520 Hilton	Avenue 21228
e	14. F/	ATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA	ME	
(\$50		Henry	C. Schaefer	Anna	MIDDLE ?	LAST ?
00		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 214 SOCIAL SECU		ADDRESS	21228
med	,	NO	VA206824	Mr. Vache	H. Davis 52	
please remove carbon, rial, cremation, or rem or ather traumatic eve		Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE		åe rrhythmio	la.
to bu	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
ows ony in	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH (OPERATION WAS PERFORMED	HH-CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
orked or Item 18 sh	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEV (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		Y YEAR 19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	
f Item 21 is mo		sow the deceased alive an	ital) attended the deceased from	DEGREE	, to 2700 death accurred on the date and ha	22c. DATE SIGNED
PORTANT: IF		22d. PHYSICIAN'S NAME (TYPE C	DEPRINT) ROWE	M ATTENDING PHYSICIAN [1	DIRECTOR PHYSICIAN	10/28/81

BP. DHMH - 16 50M 1/81 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL 236, DATE

Cremation |10/28/1981

Westview Mem 21229 24 FUNERAL DIRECTOR G. Truman Schwab 5151 Balto.Nat'l.Pike

231. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Westview Balto Md.

Teb. Co. 15 May 1 Contract of the Contract of Elly, by hill pargett fall The state of the s Acces and The transfer to the second of A THE STATE OF THE a constant and the second seco and the second that the second second the second second to the second se - STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

5018 (State) | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1010 | 1 BENEVAL AND BOX DOLLARS A STATE OF THE STA 7255 IX 1 (25) M 9538 Land Land and Marke No. the state of the s The state of the s FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	FOR also item STATE REGISTRAR	n 4	DEPARTA		EALTH AND MENT		NE O REG. NO	2. 5	Z. 0 4
		CEASED NAME FIRST		MIDDLE		AST	1		MONTH DAY YEAR	
death death		BABY	BOY DE	GARMO					10/14/81	7:47 8
0 0	3. SE	X	4 RACE		5 DATE O		6.	. AGE (IN YEARS LAST BIR	MONTHS DA	
(A A		Male	Whit	е	10	714/81	EAR		YRS.	1 MIN.
209		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRI	ED 2	T OWSON	R COUNTY OF DEATH	MD
1 50		BALT I MORE	GBM	CH FACILITY, GIVE STREET	G HOME (OR OTHER INSTITUTI		2a USUAL OCCUPATION OF WORK FOR MOST O		D OF BUSINESS OR
hould be	13a	AL RESIDENCE (# NURS STATE MD	Balto	130 CITY OR TOWN Cockeys	N.	138 INSIDE CITY LI	ıX	18 L Beehi	ive Place	21030
ond 2 s		ATHER'S NAME PIRST Donald	Lindley			IS MOTHER'S MAI		Beth		lser
Poges medico		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES	16b SOCIAL SECU	RITY NO.	17 INFORMANT mother		ADDRE	SS	
been signed by the mit. Then please ren prior to burial, crem any injury, or other t	CERTIFICATION	gove rise to immediate couse lost underlying couse lost PART 2 OTHER SIGNIFICA	DUE TO, O		DEATH BUT	NOT RELATED TO THE		AL DISEASE OR CON(20b. IF YES, WERE FIN	IDINGS USED
ows ene	Ĕ							YES NOX	IN CERTIFYING CAUS	SES OF DEATH?
frer this certificate os the burial-transity and Mental Hyginth ond Mental Hyginthead or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEF CHIEF AND THE MEDICAL EXAMINATION OF COURED CHIEF CALL OF CHIEF CALL OF CALL OF CHIEF CALL OF CALL	F DEATH HOUR A. P. 21e PLACE (AT HOME STI	M. MONTH DA M. OF INJURY REET, FACTORY OFFICE, FA	19 ARM ETC)	21f. LOCATION	OCCURRED		Y IN ITEM 18 PART I OR PART	
AL DIRECTOR: A letoched for use of Dept. of Heoli I: # hem 21 is mo		22a I certify that (I) (this h saw the deceased alive above, (I) (we) (did) (di 22b. SIGNA) RE	d nat view the body	e 144° sed from 8 ofter death	. 01	, 19 nd that in (my) (our) DEGREE ATTEN PHYSI	DING _	, to	ite and haur and from the 22c. DA	—, that (1) (we) last the causes stated ATE SIGNED
should be deto with the State	230	22d PHYSICIANS NAME (1) BURIAL CREMATION REMO		122. 1	IAME OF C	220 ADDRESS GBMC	67		les St. To	wson, Md
		UNERA DIRECTOR	VAL 236 BATE /	16/41	G-	BUC		CITY OR TOWN	COUNTY	STATE
1-16 50M 1/81 VRA 15, 4)	24 1	Ran Breaton	ules	ADDRESS	1013	Me	250 OCT	23 1981	REGISTRAR'S SIGN	J'arthen

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13			FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 5 2 8 5 CERTIFICATE OF DEATH REG. NO.								
	m #		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		DAY YEAR	26 HOUR	
			LONA		ELIZ.		REIF	OCTOBER		1981	4:25 P	
-74	(M)	3. SE	Female	4 RACE White		5. DATE OF BIRTH Jan. 30,1904 YEAR		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I MONTHS YRS.			EAR IF UNDER 24 HRS A1S HOURS MIN.	
-	1 12	All B	IRTHPLACE (STATE OF FOREIGN		76 CITIZEN OF WHAT COUNTRY?			9 BALTIMORE CITY		ATH		
	\$ 335		Maryland			MARRIED NEVER MARRIED WIDOWED DIVORCED		BALTIMORE COUNTY MD.				
102	by the filed will fold the		TOWSON			SPIT	OR OTHER INSTITUTION AL	Traffic Mgr. S.S.A.				
AND 21	filled in rould be	130	AL RESIDENCE (IF NURSING HOME OF STATE IN COUMARY OUT	IR OTHER INSTITUTION GIVE RESIDENCE BEFORE A NTY 134. CITY OR TOWN Baltimor MIDDLE LAST		N 13d. INSIDE CITY LIMITS?		13e STREET ADDRESS 1719 E. Northern Pkwy				
MARYL	mpletely and 2 sh		ATHER'S NAME FIRST August M. Schmi				15. MOTHER'S MAIDEN NAME Mary E. Gallery Middle			LAST		
BALTIMORE, MARYLAND 2120	Pages 1		WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES G	RMED FORCES?			17 INFORMANT Barbara A. Zo	2146°Süburb				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., E	equires that the death certifical signed by the attending phy then please remove corbanpo to burial, cremoviton, or removinivy, or other traumatic event	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10									
	The low relicion. It has been mit permit relieve prior shows any if	CERTIFICATION	14s DATE OF OPERATION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	70n AUTOPSY7	IN CERT	ES, WERE FINDING CAUSES	OF DEATHY	
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DIVISIO	ING PHY r offendi defer this as the bu lith and M iarked or	MEC	Arrist D Not well D	EAT HOME, ST	OF INJURY	MM ETET	THE LOCATION	CITY OF TO	1	COUNTY.	UATE -	
•	AL OR ATTEND the hospital of all DIRECTOR. Islands for use the Dept. of Heo. T: If them 21 is m		22s.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no 22s. SIGNATURE	10/12	10		He that in (my) (our) opinion of DEC PEE ATTENDING PHYSICIAN D	death occurred on the d	FF	our and from the c	not (1) (we) fast couses stated	
	etoined by TO FUNERA should be de with the Stot		27d PHYSICIAN'S NAME PROPERTY AND M. J. 220 ADDRESS Julency Valley Rd 2206									
200			BURIAL, CREMATION, REMOVAI				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
113		24 F	Burial Oct. 16,1981 Mt. Olive Randallstown, Balto. Co., 24 FUNERAL DIRECTOR NAME ADDRESS 6500 York Rd. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE									
	OHMH - 16 50M 1/B1 (VRA 15, 4)		tchell-Wiedefe	ld Home				T_19 1981	A CONTRACTOR	O. O.	V_	
		-								-	the state	

TATERROW HERICAL . TO 216-14-7469 Sartyra A. 2009 Lawnium, 1d. 21093 will am interest in the second andallstonn, andro. Sr., did. . Micchell-wiedefeld Come, Inc. walter, Md.

STATE OF MARYLAND

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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BOOK OF THE PARTY OF THE PROPERTY OF THE PROPERTY OF DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ems Pt. 2. 20, 21a-22a GOOL II/20state OF MARYLAND

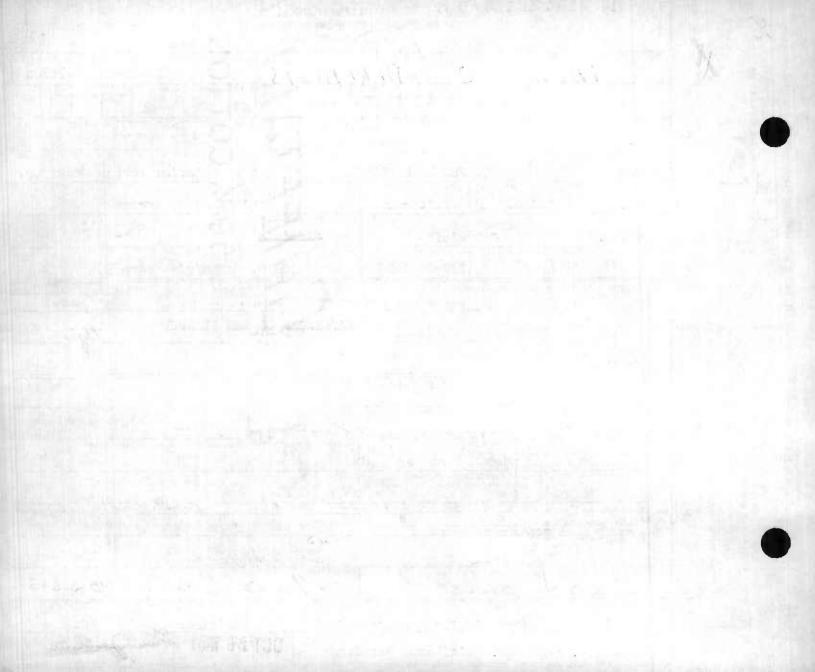
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STATE OF MARYLAND

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8	1 -	FOR - STATE REGISTRAR	DEP	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 2.	2 5 2 9 0
ф. ф.		CEASED NAME FIRST KATHRY	N F	DEMMITT	October 9,	1981 12:09A
	3 SE	×	4 RACE WHITE	5. DATE OF BIRTH MARCH 21, 1911	6 AGE (IN YEARS LAST BIRTHDAY) 2 6 9 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
01413	C	OUNTRY) OUNTRY)	TO CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED		
100 to 10	I	Baltimore	St. Josep	rsing home or other institution retail the spital	120 USUAL OCCUPATION (TYPLOF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
AND 21:	13a. S	AL RESIDENCE (IF NURSING OME OR STATEM D. TSD COUN	OTHER INSTITUTION, GIVE RESIDENCE INTY OR DAL	YES NO	13e STREET ADDRESS	RAVEN BLID.
ompletely ond 2 s		CECIL	MIDDLE CAPLES	15 MOTHER'S MAIDEN N ANNIE	79.	CRATSTER
be execute on ond control or one or	16a V	VAS DECEASED EVER IN U.S. AR YES, NO 97 UNKNOWN) (IF YES, GIVE	WAR OF DATES	8-/634 CLARENCE	J. LERELAUT	1265 Limit
(No. 1 M. PRESTON ST., B equires that the death certifical is signed by the ottending physical frem please remove corbampol to buriol. cremation, or removing the plants.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	D BY: E CAUSE (0) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	COUENCE OF	MINAL DISEASE OR CONDITION G	BETWEEN ONSET AND DEATH CLE OSET VEN IN PART 110:
he low requirence on. The permit There ene prior to be own sony injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? YES \(\text{YES} \(\text{NO} \)
DIVISION OF VITAL NG PHYSICIAN: The viter this certificate has certificate has certificate the state burnol-tronait has on the man Mental Hygier th and Mental Hygier orked or term. Its show	MEDICAL CER	21a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18), PART I OR PART 2}
DIVISION ING PHYS r ottendir After this os the bu lith ond Mi	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		CITY OR TOWN	COUNTY STATE
PIVA R ATTENDING hospitol or ott RECTOR: After ed for use os tl spt of Health o em 21 is morke					, to OCT . 9 n death occurred on the date and he	, 19 <u>81</u> , that X (we) lost our and from the couses stated
the hor tocher tocher to Dept		22b SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 10-9-81
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Stote		DR. NAME (TYPE O	R PRINT)	22e. ADDRESS 7620 Ye	ork Rd. 21	.204
775 BP		BURIAL, CREMATION, REMOVAL	236. DATE 16-12-81	FINKS BURG CEMETERY OR CREMATORY	FINKSBURG C	COUNTY STATE MD.
DHMH - 16 50M 1/76 (VR A 15 (4))	1	INAME SEWELL FIF	1. 1100 REI	STERSTOWN AST	7.2 198 de la	TURE.



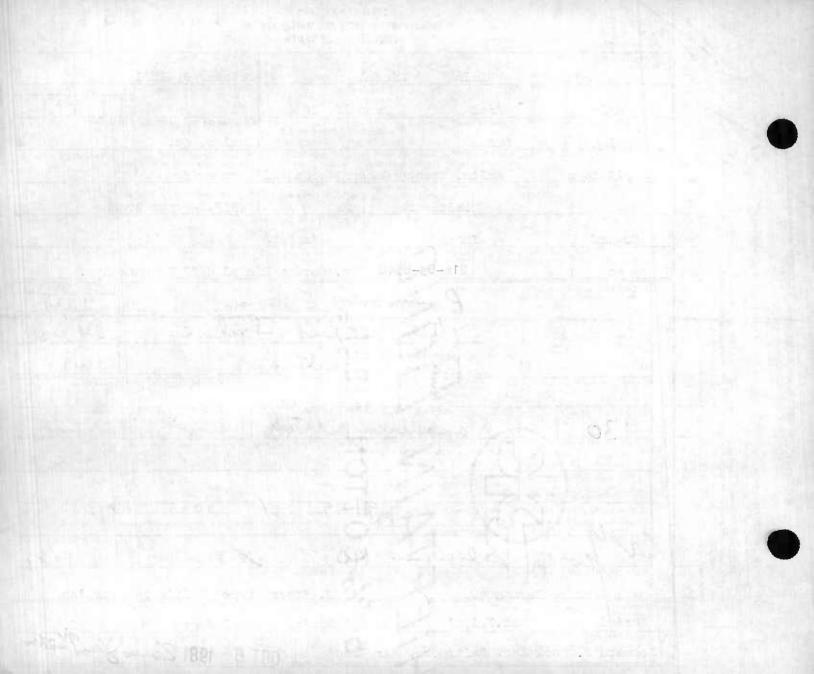
THE DEVELOPE OF THE JATINION BUSEON ATE A Wall Back their state State of the ~ 10 TATION OF THE COURT OF THE PROPERTY OF THE COURT OF THE C L 1/ L/ rer. requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital ar ottending physicion

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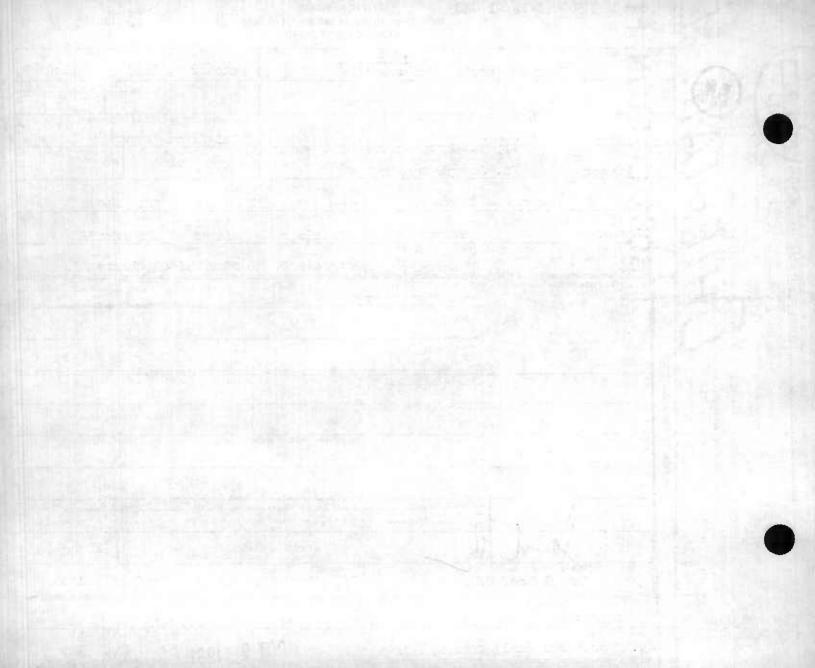
N	FOR 1 - STATE		DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYO TATE OF DEATH	GIENE 8 1	2 5 4	9 3			
//	REGISTRAR		4	ATE OF DEATH	REG. NO.					
9	1. DECEASED NAME FIRS	T MIDDLE	(AS		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
	Edna	Viola	Diefel		October 5, 19	81	A			
	3. SEX	4 RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS			
0.0	Male	White		15, 1896	85 y	RS	MIN.			
A	JA BIRTHPLACE (STATE OR FOREIGH	76 CITIZEN OF WHAT CO	UNTRY? 8.	☐ NEVER MARRIED ☐	9 BALTIMORE CITY OR COL	INTY OF DEATH				
25	Maryland	USA	WIDOWED		Balto. Co.		MD			
1	JO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OTHER INSTITUTION	12a. USUAL OCCUPATION	12h KIND (OF BUSINESS OR			
50	Randallstown	Balto. C		ral Hospital	TYPE OF WORK FOR MOST OF WORK	ING LIFE) INDUSTRY				
	MOUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)							
3	Md.			YES NO NO	13e. STREET ADDRESS	71				
	14. FATHER'S NAME	Daic		MOTHER'S MAIDEN NA	<u> 4817 Bayonne</u>	Avenue				
2/1	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAS	ST			
77	Howard 160 WAS DECEASED EVER IN U.:	Inner		Elizabeth	ADDRESS					
7		S. GIVE WAR OR DATES)	07 0540							
	no			Mr. Gordon D	iefel 4817 Bayonne Ave.					
	18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse per line	1, (b), and (c).)	M. 0		BETWEEN	ONSET AND DEATH			
	IMMEDIATE CAUSE (0) Pulmone E clena. The									
	5 8 6 0 DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if ony, which (16) Pyo Carden Feeler . 24									
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
	underlying cause last. (c) here truling									
	GIVEN IN PARILL	0								
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYN									
	S 190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WA PERFORMED	20a AUTOPSY? 20b. II	F YES, WERE FINDE	NGS USED			
/	E 930 8	tone	is lelien	Belles	YES NOT	PRTIFYING CAUSES	NO T			
	210. ACCIDENT WAS UNDERLYIN			TIE. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA					
9	OR CONTRIBUTING CAUSE O		NTH DAY YEAR							
/	(IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	21e. PLACE OF INJUR		If. LOCATION						
Ì	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC }	STREET	CITY OR TOWN	COUNTY	STATE			
		nospital) attended, the decease	diam 9	1-5 10 P	1015	10 0-1				
	sow the desposed aliv	1001	10 8	that in (my) (our) opinion	death accurred on the date and		that (I) (we) last			
9	obove, (1) (He) (did) (d	d not liew the body after deat	h.	GREE	dediti decorred dirine dote dito					
		. / / 0	11.	ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED			
	11m	Sun	-an ·	PHYSICIAN [1 10/	5/81			
1	220 PHYSICAN'S NAME (TYPE OR THE TYPE		2e ADDRESS			/			
1	Maurice	Berman MD		18 E. Eager	Street Baltimo	re, Maryl	and			
	230 BURIAL, CREMATION, REMO			ETERY OR CREMATORY	23d LOCATION					
	Burial	Oct.7,1981	Moreland	Memorial	Baltimore	COUNTY	STATE			
	24 FUNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR 256 RE		W. Then			
	Leonard J. Ru	ck Inc. Baltim	ore, Maryl	and no	T 6 1981 CA	ness fan	/ Indited			

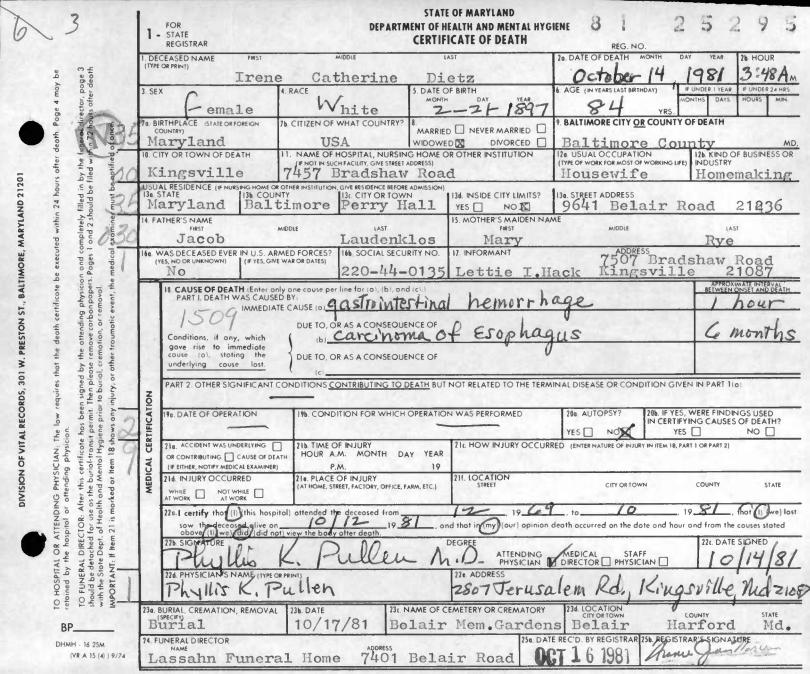


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 1 G 560 10/16/81 GAB

FOR





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Owings Mills. Md.

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

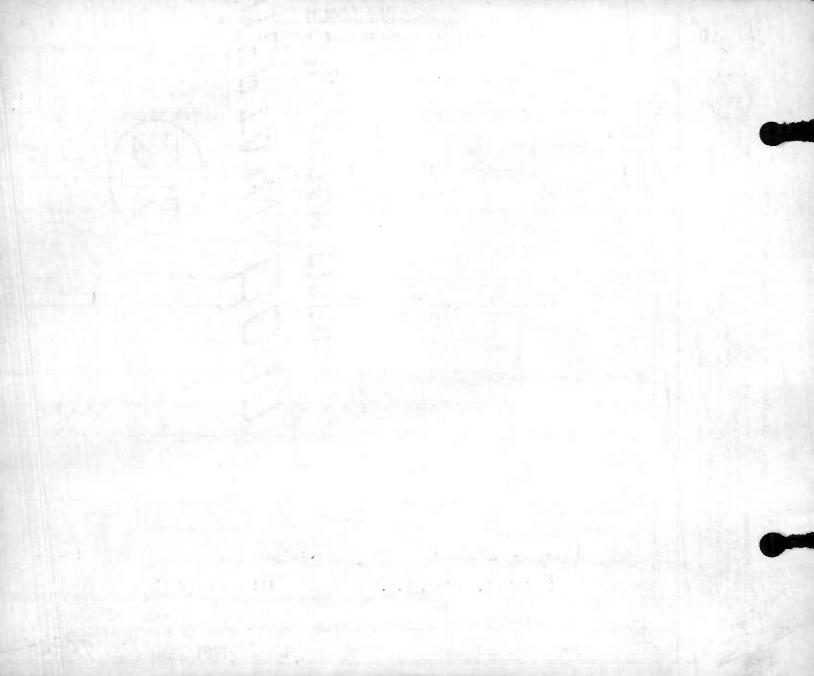
Page 18 and the control of the contr droil droil programmes Goorge D. Donb, in. Column Mills, Nd.

Brieflyne . 1762 post real Votes and . A cont. A cont.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MADDLE 2a. DATE KNOWN (TYPE OR PRINTS ESTI-Edith DEATH MATED Druden 19 87 SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED Female white 19, 1890 91 Mau DEAD Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY! MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED TO Baltimore County DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Pikesville Nursing Home FOR MOST OF WORKING LIFE) Pikesville Homemaker USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13. STREET ADDRESS 8817 Pikesville Rd. Balto. Pikesville 13d INSIDE CITY LIMITS? Maryland 21208 NO I 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Charles Elizabeth Jones Marriner OF 17. INFORMANT ADSEST Orchard Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO DIVISION YES, NO. OR UNKNOWNI LIE YES GIVE WAR ORDATES Pikesville, Md. 21208 216-28-6370 Mr. Clifford Dryden No CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) FTWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) HYGE DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? OF YES [] NO [DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE 5
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from Undetermined manner Homicide ACTUAL SIGNATURE EXAMINER'S NAME 23d. LOCATION CITY OR TOWN Woodlawn 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial COUNTY STATE 10/30/81 Woodlawn Cemetery BP. Balto. MD 24. FUNERAL DIRECTOR Loring Byers Funeral Directors 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** 8728 Liberty Rd. Randallstown, Md. 21133 (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

1 1		FOR			DEPART	STA		ARYLAN		YGIEN	8 1		2 5	2	9 8	3
4 10		STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	F DEA	TH	REG. NO				
, ,,		CEASED NAME	FIRST		MIDDLE		10/10/11	LAST			OF I	NOWN XX	MONTH	DAY Y	AR 2b	HOUR
See of Sec.			Raymor	nd	G.)unne		-	DEATH M	AATED	10	30 198	31	м
PETER I	3. SEX	4	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE			IF UNDER		C. DATE	ED	MONTH	DAY	EAR 2d.	:23
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NEG S FOR				U.S			WIDOW		DIVORCE			timor				MD
N SEE RES	100	TY OR TOWN C		11. NAME OF HO			, OR OTH	ER INSTITU	TION	12a. USU FOR M	AL OCCUPA OST OF WORKIN	TION (TYPE	OF WORK	12b. KIND O	USTRY	55
PA PA	V	lood lawr	1	Meushaw	s Hil	I top Me	otel-	Room	328-					U.S. Gov't		
RE, MD. 21201 EATH. IF ANY DELAY IS NECS. ES 1, 2, AND 3 TO THE FUNER. IP AND 2 SHOULD BE FILED, WITH. IN VITAL RECORDS, 201 W. PRE	13a S1	TATE YORK	IF IN NURSING HOME C	OR OTHER INSTITUTION, C	13c. CIT	e before admissi Y OR TOWN Iston		13d. INSIDE C	ITY LIMITS?	13e. STRE	ET ADDRESS	ne Ap	proa	ch		
MD. 2 N. 3. N. 3.	14. FA	THER'S NAME							ER'S MAIDE							
DEATH DEATH M PM AND 2 OF VITA		Raymo	ond	J DDLE	J Dunn Margaret Margaret						Не	Heimach				
NO N	16a. V	AS DECEASED	EVER IN U.S. AR	MED FORCES?	D FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS						ADDRESS	SS				
F., BALTIMORE, M. URS AFTER DEATH B. GIVE PAGES 1, WITH FORM PM. II. PATE SI AND II. PATE SI AND II. DIVISION OF VITA	("	S, NO, OR GNENOW	(IF YES, GIVE	WAR OR DATES	207	207-40-1087		Mrs Sharon Dunn			Sa	Same				
HOURS M 18. G M 18. G WI WIT P. INE, DIV.		18 CAUSE OF	DEATH (Enter on	ly one couse per lin	e for (a), (b), and (c).)	38							BETWEEN	IMATE INTER	DEATH
PRESTON ST., THIN 24 HOU CIL IN ITEM 18 REALONG V ALT PERMIT REMOVAL.		PAKITUEA	ATH WAS CAUSED IMMEDIA	TE CAUSE (a)		diomyo		′		A.						
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WITHIN WITHIN NCIL IN NINER A VINER A	_	Conditions if any, which gave rise to immediate (b)														
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ITAL RECORDS, 201 W. PRESTON HOULD BE EXECUTED WITHIN 24 HRD "FENDING" IN PENCIL IN ITEA "HIEF MEDICAL EXAMINER ALON USED AS A BURIAL. TRANSIT PER OF HEALTH AND MENTAL HYGIER URIAL, CREMATION, OR REMOVAL	z	TAKE Z DINCK SIDE	MITICANT COMULTIONS	CONTRIBUTING TO DEATH	MUI NOI KEL	ATEU TO THE TERM	INAL DISEASE	DR CONDITIO	N GIVEN IN PAR	RF1 (g).						
ULD B ULD B W. PEN ED AS	CERTIFICATION	19a. DATE OF C	OPERATION	ITION FOR	TION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY?				
HAL RE HOULD WEED A USED A OF HEA OF HEA RIAL, CALL RIA	FFC	YESX														
OF VIT. OF	ERT	21a. EXTERNAL		21b. TIME C				OW INJURY	OCCURRE	D (ENTER N	IATURE OF INJUR	Y IN ITEM 18 P	ART I OR PA		LA M	
A H C S S S S S S S S S S S S S S S S S S		UNDERLYING CONTRIBUTIN	OR IG CAUSE OF I			DAY YEAR										
S CERTIFIC S CERTIFIC STITING TH RDED TO SE 3 SHOU TE DEPARTI	MEDICAL	21d INTURY OF	CCURRED	21e. PLACE	OF INJURY	(AT HOME,		CATION			172					
DIN THIS C WRIT WARDE PAGE 3	×	WHILE AT WORK	NOT WHILE E	STREET, FAC	CTORY, FARM,	ETC.)	,	TREET			CITY OR TOWN		co	DUNTY		STATE
ATE, T ORW OR, 2 JD, 2		22a. Leertify that Look charge of the remains described above, held an Autopsy XX. Inspection . Inquiry . ond in my opinion														
SE F		death resulted	d from: Natur	ral causes 💹,	Accident	, Su	icide 🔝	, Homic	cide .	Undete	rmined man	ner .				
WIID DIR		A C#1141	11	V	2				SPECIFY)							
ZHZZHW A		ACTUAL SIGNATURE	urgi	ma de	you		M	_{.D.} Assi	stant	MEDI	CALEXAMIN	VER	DATE	ED	-30-8	
DIVISION OF VITAL R TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF- TO FUNDERAL DIRECTOR: PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	1-	EXAMINER'S N (TYPE OR PRIN	NAME Vir	ginia L.	Dolan	, M.D.		ADDRESS_	- 11	I Per	nn Str	eet				
PAGE EXE	23a.B	JRIAL CREMAT	ION, REMOVAL 2			NAME OF CE			ORY	23d. LO	CATION			NITY		-
BP	(5	Burial	7	11/4/81	0	t Pete	rcr	2117		Mar	ple To	wnshi	p De	laware	Pa	
DHMH - 17		JNERAL DIRECT	TOR					U.T.	25a. DATE R	REC'D. BY	REGISTRAR	25b. REGIS	TRAR'S S	SIGNATURE		
(VR A15 ME (5))	1	eonard	J Ruck .	Inc. Balt	imore	, Mary	land		NOV	2	1981 2	zance	Va	Mart	hen	

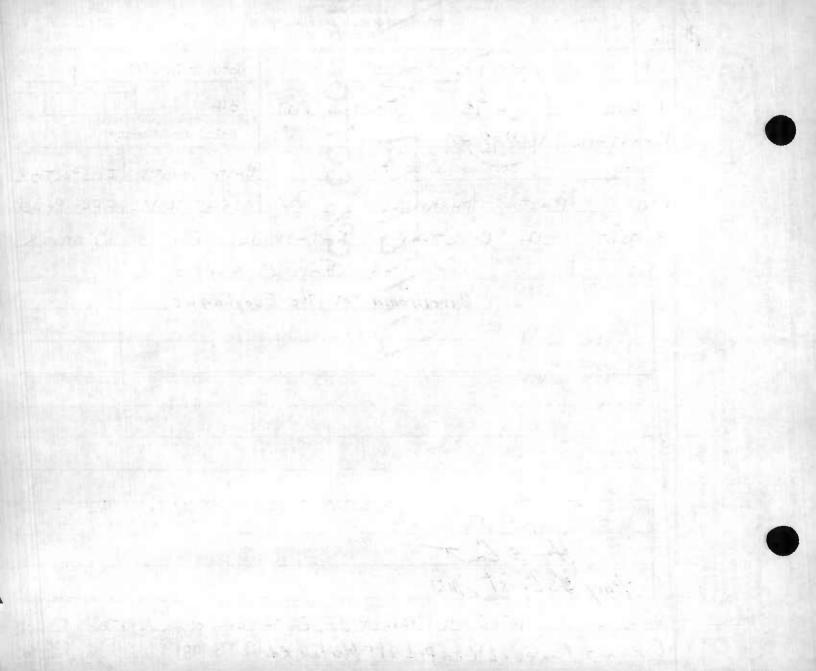


BP.

DHMH-16 50M 1/B1 (VRA 1S, 4)

5	1-	STATE REGISTRAR				FICATE OF DEATH	REG. N	0.			
20		CEASED NAME F	IRST	MIDDLE		LAST	20. DATE OF DEATH				
	(11.00	F	reder:	ick M.	Dunstan		October 8	, 1981 _M			
	3. SE	X	4 RA	CE		OF BIRTH	6. AGE (IN YEARS LAST BIR				
	1	7015	14	HiTS	JUL MONT	H DAY YEAR	64	MONTHS DATS HOURS MIN.			
	7a. BI	RTHPLACE ISTATE OF FORE	IGN 7b CI	ITIZEN OF WHAT C	OUNTRY? 8			PR COUNTY OF DEATH			
36	(W	ARYLAND		V.S.A.	MARRIE	ED NEVER MARRIED DIVORCED		e County			
10	10 CI	TY OR TOWN OF DEATH	11. 1		L, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126 KIND OF BUSINESS OR			
18	T	owson		St. Josep	h Hospital		BALTO . COL				
	USUA	AL RESIDENCE (IF NURSING	HOME OR OTHER	INSTITUTION, GIVE RESIL	DENCE BEFORE ADMISSION)			MILL TENSIZETOR			
15	3		COUNTY	1()	RKVILLS	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	WYLLIFEE ROOD			
	14. FA	THER'S NAME		1. 1.0		15. MOTHER'S MAIDEN NA	AME	O-ICLIPPA ROAD			
30	0	LBSRT	MIDDLE	0.100	TAO	KATHER	MIDDLE	C LAST			
T	160 V	VAS DECEASED EVER IN I			CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS			
1		(II	FYES, GIVE WAR		09 0062	Eamily	1 RECORDS				
		18 CAUSE OF DEATH	Enter only on			LEILIT	1 INECOKUS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH WAS	CAUSED BY	1	rcinoma	of the F	sophagns				
		1509m	MEDIATE CA		14	- 1.C L	Soffaug 4.				
		Conditions, if ony, wl			ONSEQUENCE OF						
		gave rise to immed	iote	(b)							
9		cause (a), stating underlying cause 1		DUE TO, OR AS A C	ONSEQUENCE OF						
		PART 2 OTHER SIGNIE	CANTCOND	(c)	TINIC TO DEATH BUIL	NOT RELATED TO THE TERA	ANIAL DISEASE OF COL				
	Z	PART 2. OTHER SIGNAL	CAITICOITO	MIONS CONTRIBE	HING TO DEATH BOT	NOT RELATED TO THE TERM	WINAL DISEASE OR CON	DITION GIVEN IN PART ITO			
0	CERTIFICATION	19a DATE OF OPERATION	N 1	196 CONDITION FO	OR WHICH OPERATIC	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED				
7	H						YES NO YES NO NO				
13	E	210 ACCIDENT WAS UNDERLY		TIME OF INJUR		21c HOW INJURY OCCUP					
7		OR CONTRIBUTING CAUS	or or or will		ONTH DAY YEAR						
1	MEDICAL	(IF EITHER NOTIFY MEDICALE 21d. INJURY OCCURRED		P.M.	19 RY	21f. LOCATION					
	ME	MAL		AT HOME STREET, FACTO	ORY OFFICE FARM FTC)	STREET		WN COUNTY STATE			
		WHILE NOT WHILE				SIREET	CITY OR TO	WIT COUNTY STATE			
		AT WORK AT WORK		ttended the deces				01			
		22a.1 certify that (K(thi	is hospital) a	ctober 8,	sed from Sept	tember 26, 81	October	8, 19 81 , that (* (we) last			
			is hospital) a	ctober 8,	sed from Sept	tember 26, 81	October	8, 19 81 , that (we) last ate and have and from the causes stated			
		22a.1 certify that (K (thi saw the deceased a abave, (K (we) (did)	is hospital) a	ctober 8,	sed from Sept	Tember 269 81 Indition (our) opinion DEGREE ATTENDING		the and hour and from the causes stated			
		22a.1 certify that (K (thi saw the deceased a abave, (K (we) (did)	is hospital) a plive on 0 (XXXX view	ctober 8,	sed from Sept	Tember 269 81 Indition (our) opinion DEGREE ATTENDING	, to October death accurred an the de	the and hour and from the causes stated			
		220.1 certify that (K (thi sow the deceased a abave, K (we) (did) 22b. SIGNATURE	is hospital) a plive on 0 (XXXX view	tober 8, withe body offer dec	sed from Sept	tember 26,9 81 and that in (our) opinion DEGREE ATTENDING PHYSICIAN		the and hour and from the causes stated			
	22- 0	22a.1 certify that (X(thi sow the deceased a abave, (X(we) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	is hospital) a plive on O (O) (O) (O) (O) (O) (O) (O) (O) (O) (ctober 8, with body offer des Source Strington, M	sed from Sept 81, o	tember 26,9 81 and that in (our) opinion DEGREE ATTENDING PHYSICIAN	, toOctober death accurred an the do MEDICAL STAI DIRECTOR PHYSIC	the and hour and from the causes stated			
1		220.1 certify that (K(thi sow the deceased of above, (K(we) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME CONTY URIAL, CREMATION, REA SPECIFY)	is hospital) a policy on Oil (SEM) view on Oil (SEM) view on Oil (SEM) view of Oil (SEM) view of Oil (SEM) view on Oil (ctober 8, withe body offer dea Con 1 St, M DATE	Sed from Sept 19 81 , o	DEGREE ATTENDING PHYSICIAN 27e ADDRESS EMETERY OR CREMATORY	, to October death accurred an the do MEDICAL STAI DIRECTOR PHYSIC	8 , 19 81 , that ** (we) last atte and haur and from the causes stated 27c. DATE SIGNED COUNTY STATE			
1	6	270.1 certify that (K(thi saw the deceased a abave, nk(we) (did) 27b. SIGNATURE 27d. PHYSICIAN'S NAME	is hospital) a policy on Oil (SEM) view on Oil (SEM) view on Oil (SEM) view of Oil (SEM) view of Oil (SEM) view on Oil (ctober 8, with body offer des Source Strington, M	Seed from Sept ath, 19 81, o	DEGREE ATTENDING PHYSICIAN 22e ADDRESS EMETERY OF CREMATORY		22c. DATE SIGNED			

STATE OF MARYLAND



John (. Miller Inc. 6415 Belair Rd.

FOR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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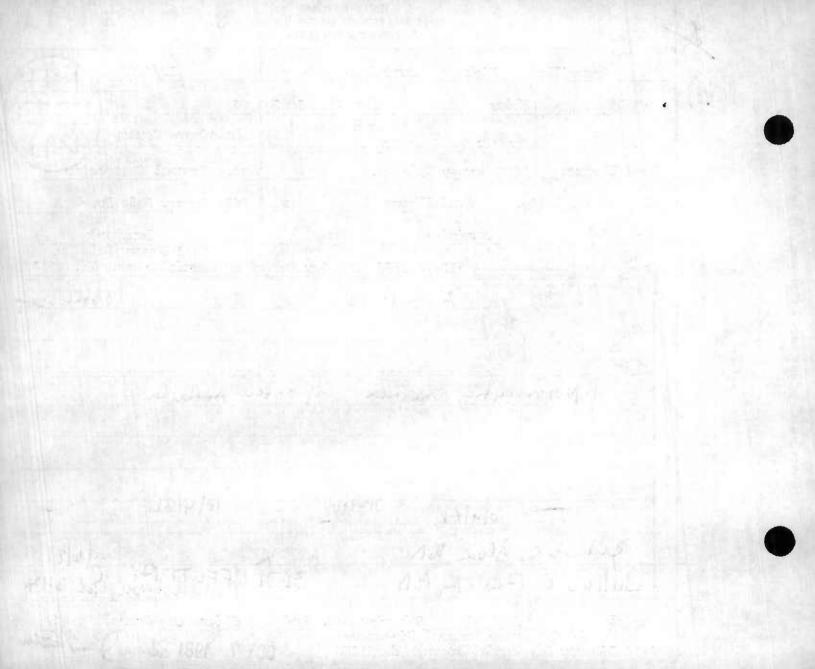
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	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.					
	I DECEASED NAME FIRST	MIDDLE		AS1	20. DATE OF DEATH		EAR 26 HOUR	-			
	(TYPE OR PRINT) Granville	Kirk En	mini	zer Sr.	10/4/81						
1	3. SEX	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER					
	Male	White	Month	ay 20, 1887	94	YRS	DAYS HOURS MIN	3			
1	OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	_	тн				
2	Maryland	U.S.A.	WIDOWE	DIVORCED		e County	M	D.			
0	10 CITY OR TOWN OF DEATH Randallstown	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 8411 Downey Dale	DDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Ret Gene	OF WORKING LIFE! INDL	ind of business o istry actor	3			
6	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	DMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			-			
2	MD Bal	to. Randallst		YES NO DO	8411 Down	iey Dale D:	r.				
0	14. FATHER'S NAME Nathaniel	MIDDLE LAST Emminizer		15. MOTHER'S MAIDEN NAM	ME MIDDLE	Daughe	rtu				
	16a WAS DECEASED EVER IN U.S. ARA		HTY NO.	17 INFORMANT	84009	Es Downey De	ale Dr	and the last			
	(YES, NO OR UNKNOWN) (IF YES, GIVI	217-03-8	3385	Ina Lou Emmin	nizer Rand	lallstown,	Md. 21133	3			
7	Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT O 19a DATE OF OPERATION	196 CONDITION FOR WHICH C	NCE OF		200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO	7			
	OR CONTRIBUTING CAUSE OF DEA)P,M,	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART OR P.	ART 2)				
-	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FAI	RM ETC)	211. LOCATION STREET	CITY OR TO	OWN COU	NTY STATE				
	saw the deceased plive an	220. I certify that (I) (the hamital) attended the deceased from 19 that (I) (two) large saw the deceased alive an 10 HB 19 and that in (ma) (our) opinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
1	22d. PHYSICAN'S NAME (TYPE OF	GLUUL, MI	7	22e ADDRESS 367	OFFUT RELIEF	T Pad lstown,	Yol 2114	-			
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATORY	23d LOCATION	COUNTY	7 ZerSTATE				
	Burial			w Mem. Park		erg Carrol		-			
	24 FUNERAL DIRECTOR Loring 8728 Liberty Rd	Byers Funeral Da Randallstown, I			EREC'D. BY REGISTRAR	256. REGISTRAR ON	can fathe	U			

DHMH - 16 50M 1/81 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. . DECEASED NAME 7a. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATE William Hopper Emory, 6. AGE (IN YEARS 4. RACE DATE OF BIRTH IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCE DEAD Male White Dec. 17,1913 67 Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Maryland WIDOWED DIVORCED Baltimore County D. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 6443 Blenheim Road Rodgers Forge Salesman BG & E ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 130 CITY OR TOWN 13d. INSIDE CITY LIMITS? AGE STREET ADDRESS 6443 Blenheim Road Maryland Baltimore NON 21212 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDGLE MIDDLE FIRST William Emory, Jr(III) Bessie Hopper Bradv 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? TAN SOCIAL SECURITY NO Widow: ADDRESS (YES, NO. OR UNKNOWN) Anne A. Emory, 6443 Blenheim Road 212-10-9292 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). SETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES E 3 SHOULD BE I 710 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION LEXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an and in my apinion Autopsy Inspection, death resulted fram: Natural cause Hamicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Balt.Co. 10/18/81 Cremation Security Process Catonsville 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** STEWART & MOWEN CO., 108 W. North Ave. 21201 (VR A15 ME (5)) 15M 2/80

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o 272-1-9251 come A forty oned 21mbets hand

Drenation IV /31 Sequently reques Caconsvilse Dail. Co. 1th

OAK tur woollen Records PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 81 and that in Ing (our | opinion death occurred on the date and hour and from the causes stated 224: DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN C 10-15-81 7620-YORK ROAD, TOWSON, MD 21204 Memoria 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2b. HOUR

126 KIND OF BUSINESS OR

INDUSTRY

1:10a "

IF UNDER 24 HRS

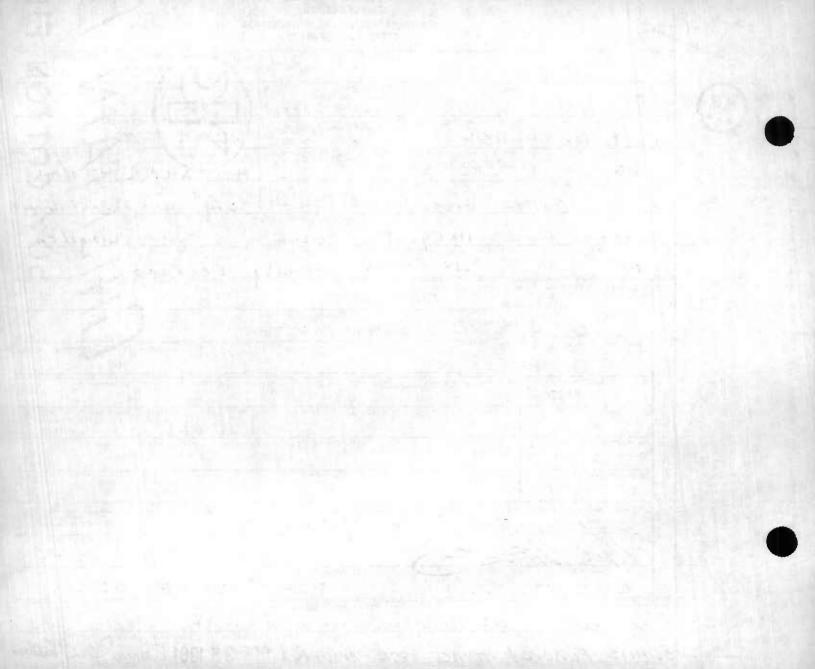
20 DATE OF DEATH

DHMH-16 50M 1/81 (VRA 15, 4)

STATE

REGISTRAR

1. DECEASED NAME



George J. Gonce 4001 Ritchie Hgwy

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

name

. 11 bated wiel Gil z sweezers . 4. wellth strong one closed on .0 000 210 P. 1301 | Lobash 1. Proprie a. design 1001 P. 420 The state of the s .A.a cimus reio as me pevel neigh 18/05/1: Intur Parto d. Mitchie Form

MITCHELL-WIEDEFELD HOME 5500 YORK RD. 21212

FOR

(VRA 15, 4)

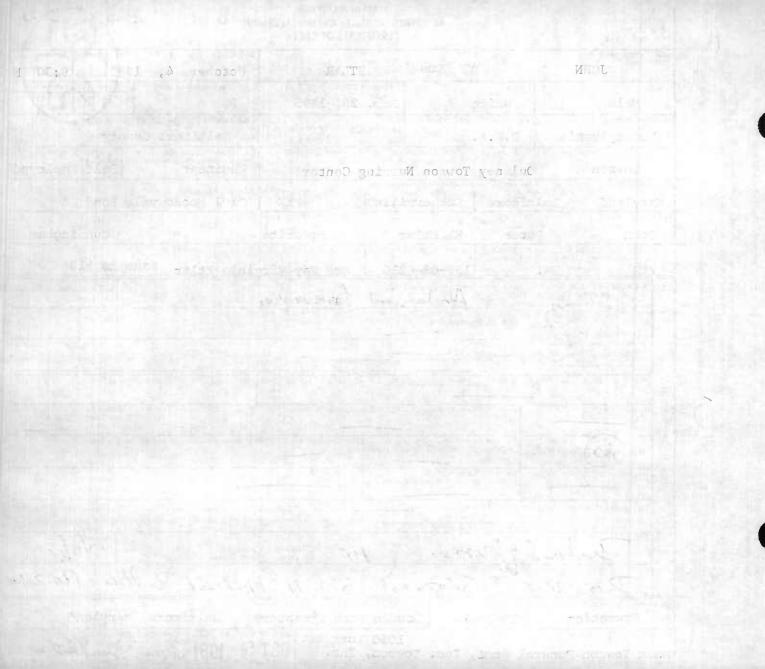
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AUL RISK IMPORTANT: If them 21 is morked or them 18 shows any injury, or other traumatic event, the medical examiner must be notified at ange

	1-	FOR STATE REGISTRAR			DE	PARTMENT	OF HEAL	MARYLAND TH AND MEN TE OF DEA		ENE B	2	5 3	0	6
Y		CEASED NAME	FIRST	- /	MIDDLE		LAST				ONTH DA	AY YEAR	2b. HOUR	_
	(TYPE	JOHN		I	XX R	uskin	ET	LAR		October 4	, 19	81	9:30	AM
	3. SE	х							6. AGE (IN YEARS LAST BIRTH	_	FUNDER 1 YEAR	IF UNDER 2		
		Male		White	9	Fe	b. 2	8,041895	D'EAR	86	YRS.	ONTHS DAYS	HOURS	MIN
15	C	RTHPLACE (STATE OR FO OUNTRY) Pennsylvan:		U.S.A.		MAI	RRIE XX	NEVER MARI	RIED 📙	Baltimore city or Baltimor				MD
70		Towson		Dulaney	Tows	NURSING HOPE STREET ADDRESS ON Nurs	ing		TION	12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Engineer		126. KIND O INDUSTRY Self	F BUSINES	S OR
35	13a S Ma	AL RESIDENCE (IF NURS STATE aryland	13b. COU	timore	13c. CITY O		e 13d.		XX	13e STREET ADDRESS 101 Meado	wvale	Road		
30	i	John	P	MIDDLE eter	EX E	st Etlar		Margue		MIDDLE		Cunn	ingha	.m
-	()	VAS DECEASED EVER YES, NO OR UNKNOWN) YES		MED FORCES? E WAR OR DATES)		13-6236		Mrc Mat	, Wiro	ADDRES		As #1	3e	
	NO	Conditions, if any, gave rise to immediate (a). stotin underlying cause	which nediote g the lost	DUE TO, OI DUE TO, OI DUE TO, OI (c)	O, OR AS A CONSEQUENCE OF O, OR AS A CONSEQUENCE OF						ITION GIVE	N IN PART 1(d	01	
2	CERTIFICATION	190 DATE OF OPERAT	TION	196 CONDI	TION FOR	WHICH OPERA	TION W.	AS PERFORME	D	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH	1?
2	MEDICAL CER	THE STHEM SOTET MEDICA	AUSE OF DE	HOUR A.	E OF INJURY A.M. MONTH DAY YEAR P.M. 19			Y OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM T8, PAR	RT 1 OR PART 2)	· ·		
	MED	21d. INJURY OCCURR WHILE AT WORK AT WO	mt 🗇	21e PLACE ((AT HOME, STR		OFFICE, FARM, ETC		STREET		CITY OR TOWN	4	COUNTY	STA	TE
		22a-1 certify that (1) saw the decease obove, (1) (we) (a 22b. SIGNATURE	ed alive on			_19	ond the	REE ATTER	NDING	eath occurred on the date		· — ·	-	,
1		22d. PHYSICIAN'S NA	ME (TYPE O	B J.	6 Nos	ss m	220	ADDRESS	N CH	prest.	Bull	Seve 1	Mn-2	21204
	23a E	BURIAL CREMATION, SPECIFY) Crematio	removal n	236. DATE 10-5-	81			TERY OR CREA		23d LOCATION CITY OR TOWN Baltimo	ore, M	ounty larylan	id STAT	E
	24. FL	UNERAL DIRECTOR		- 7 - 77	ADDI			rk Rd.		FEC'D. BY REGISTRAR 2	1	AR'S SIGNAT	WRE The	
	Ku	ck Towson	runei	al home	, Inc	Inc. Towson, Inc. UCI 5 1981					yerces	7		

BP. DHMH - 16 50M 7/77 (VR A 15 (4))



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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF REATH

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	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	NO.			
	CEASED NAME	FIRST		MIDDLE	l	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
1	- 04 7 43(41)	DAVID		JOHN	_ E	VANS		10	29	81	
3. SE:	X		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B		IF U	NDER I YEAR	IF UNDER 24 HI
11	MALE	1111	WHI	TE	MONTH		7	2 YR	1	THS DATS	HOURS MI
la Bl	IRTHPLACE (STATE	OR FOREIGN		WHAT COUNT	RY? 8.		9 BALTIMORE CITY		0.	DEATH	
	Maryland		U.S	71	WIDOWE	D NEVER MARRIED DIVORCED	241-		_		
	ITY OR TOWN OF	DEATH				OR OTHER INSTITUTION	BALT	IMOR		OUNT	
	TOWCON			CH FACILITY, GIVE ST		T A 1	(TYPE OF WORK FOR MOST		- " L	NDUSTRY	
JSU	AL RESIDENCE HER	IURSING HOME OR	ST.	JUSEPH	HOSPI	IAL	Manager -	Gene	eraµ	Reir	actori
13a. S	STATE	139 COUN	TY	13c. CITY OR T	FOWN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS				
	MD	Balt	imore	LUTHE	RVILLE	YES NO	1509 C	RANW	ELL	RD	
14. FA	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE			LAS	Y
	George	D		Evans		Irene	J.		Law		
	WAS DECEASED EN		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDI	RESS			
	No	(IF TES, GIVE	WAR OR DATES	214-05	-3684	Mrs. Mabel E	. Evans.	same	as	#13e	
	18 CAUSE OF DE	ATH (Enter and	v ane cause ne			1.120. 1.0202 2	- Lyano,	<u> </u>	T		MATE INTERVAL
	PART I. DE ATE	WAS CAUSED	BY:	min		el In fan	-1		0.7		colina
	11.	INVINEDIAL	E CAUSE (a)	1		- JE 1 12V 1	C-101.			10.100	· · · · · · · · · · · · · · · · · · ·
		immediate oting the	(b)_	DR AS A CONSE							
CATION	gove rise to cause (a), st underlying co	immediate oring the use last	DUE TO, CO (c) ONDITIONS C	OR AS A CONSE	TO DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR COT	20b. IF	YES, WE	ERE FINDIN	IGS USED
TIFICATION	gove rise to cause (a), st underlying co	immediate oring the use last	DUE TO, CO (c) ONDITIONS C	OR AS A CONSE	TO DEATH BUT		20a AUTOPSY?	20b. IF	YES, WE	ERE FINDIN	IGS USED OF DEATH?
CERTIFICATION	PART 2 OTHER S 19a DATE OF OPE 21a ACCIDENT WAS	immediate pating the use last as a l	DUE TO, CO (c) ONDITIONS C 196. COND 216. TIME C	ONTRIBUTING ONTRIBUTING UTTON FOR WH	TO DEATH BUT		20a AUTOPSY? YES NO	20b. IF	YES, WE	ERE FINDING CAUSES	IGS USED
	PART 2 OTHER S 19a DATE OF OPE 21a ACCIDENT WAS OR CONTRIBUTING	Immediate of the use last IMM IMM IMM IMM IMM IMM IMM IMM IMM IM	DUE TO, CO (c) ONDITIONS C Physical Conditions (C) 21b. TIME C HOUR A	ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING	TO DEATH BUT	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF	YES, WE	ERE FINDING CAUSES	IGS USED OF DEATH?
	PART 2 OTHER S 19a DATE OF OPE 21a ACCIDENT WAS	immediate oting the use lost IGNIFICANT C LATION UNDERLYING CAUSE OF DEAI LEDICAL EXAMINER)	DUE TO, CO ONDITIONS C 19b. COND 21b. TIME C HOUR A P 21e. PLACE	OR AS A CONSE	TO DEATH BUT TICH OPERATIO DAY YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCURF	200 AUTOPSY? YES NO PROPERTY NATURE OF IN)	20b. IF IN CER	YES, WE PTIFYING YES [ERE FINDING CAUSES OR PART 2)	IGS USED OF DEATH? NO
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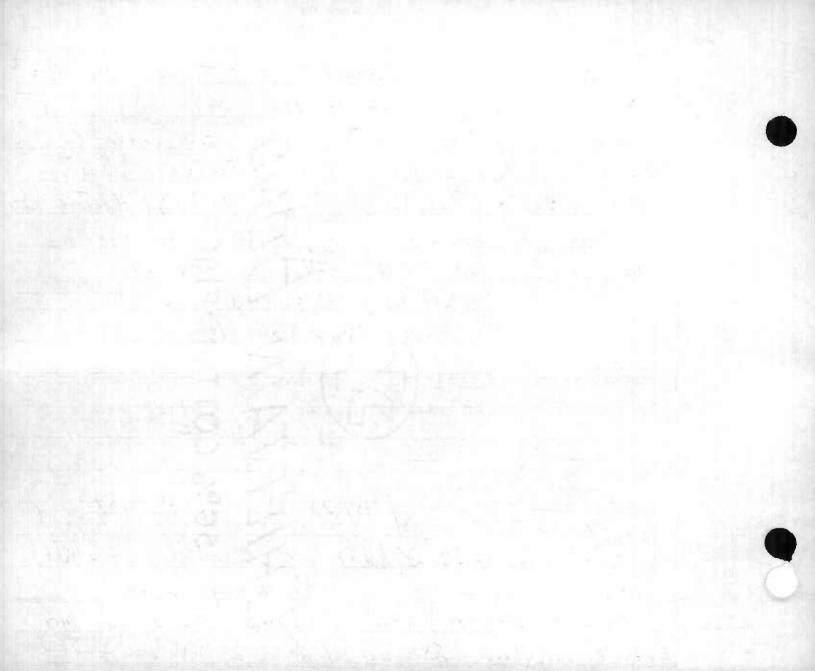
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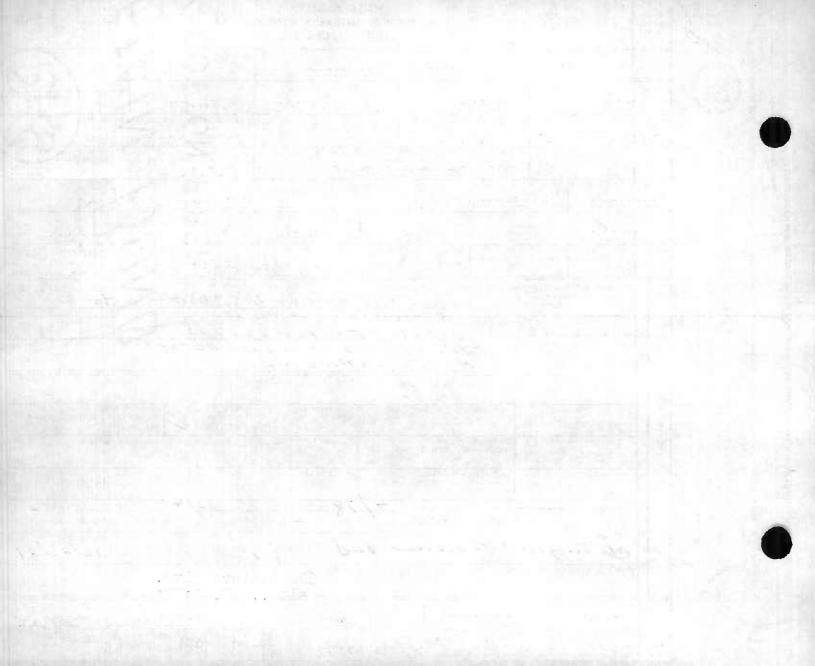
TO FUNERAL DIRECTOR. After this certificate has been

shauld be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages I and 3 the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

signed by the attending physic

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	FOR		DEPAR	TMENT OF HEAL	TH AND MENTAL HY	GIENES	3 3 1	1
1 -	STATE REGISTRAR	A	MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH REG. NO.		
	PE OR PRINT)	FIRST	MIDDLE	VEDETT. P.	LAST OX 1 + +	OF ESTI- DEATH MATED 11	DAY VEAR 26	b. HOUF
3. SE	X 4. RACE	MARK IS, DATE OF BIE	A. X		eritt UNDER 1 YR. TIF UNDER 2:		DAY YEAR 24	4. HOU
	male whi		AY YEAR				0-21-81	1:30
7 n F	male whi	June 5		20 YRS.		A BALTIMORE CITY OR COLL	19	N
F	OREIGN COUNTRY) Maryland	U. S		MAI	RRIED NEVER MARRIE	Daltimore (
	CITY OR TOWN OF DEATH	II NAME OF	HOSPITAL N	URSING HOME OR O	THER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORL	K 126 KIND OF BUSIN	NESS
Ja	acksonville	(IF NOT IN SUC Manor	Rd.N.	of Jarret	tsville Pike	Student	OR INDUSTRY	
13a.	AL RESIDENCE (IF IN NURSING STATE 136 aryland F	COUNTY Baltimore	N. GIVE RESIDEN	TY OR TOWN therville		3. STREET ADDRESS lin Driv	re	
14. F	ATHER'S NAME	140 - 1 - 1			15. MOTHER'S MAIDEN	INAME		
I	Frank	A.	E	veritt	Marie-R	ose	Mouton	
160	WAS DECEASED EVER IN I	J.S. ARMED FORCES?	16b SC	OCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
(NO NO OR UNKNOWN)	TES, GIVE WAR OR DATES	213	-66-8595	Frank A.	Eyeritt, Same As	13e	
	18 CAUSE OF DEATH (E	inter only one couse per					APPROXIMATE INT	TERVAL ND DEATH
		MEDIATE CAUSE (0)	Fract	tured neck				
7	8/50		OR AS A CC	INSEQUENCE OF				
-	Conditions, if any, gave rise to imm		II SELECT					
	couse (o) stating the lying cause lost.	under- DUE TO	OR AS A CO	NSEQUENCE OF			10000	
	79 (003010311	(c)						
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	NOITIONS CONTRIBUTING TO O	EATH BUT NOT RE	LATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART	1 (0)		
ATE	190. DATE OF OPERATIO	N 196. CO	NDITION FOI	R WHICH OPERATION	I WAS PERFORMED?		20 AUTOPSY?	
MEDICAL CERTIFICATION							YES XX	NO 🗆
ERT	210 EXTERNAL CAUSE		E OF INJURY	216	HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 38 PART 3 OR	PART 2)	
ALC	UNDERLYING XXOR CONTRIBUTING CAL	ISE OF DEATH	BOYAMONTI P.M.	0-521-8AR	driver of	ack fixed object im	pact	
DIC	214 INJURY OCCURRED	71e PLA	CE OF INJUR	Y (ATHOME 711.	LOCATION			
¥	WHILE NOT WH	STREET h	ighway	. ETC.)	Manor Rd. N.	of Jarrettsville	PTKer Balta	3.60
		ik charge of the remains			lopsy X Inspection	, Inquiry and in my		
	death resulted from:	Natural causes	Acciden		Homicide .	Undetermined manner ,	·	
	A A	I Soloror Cooses	Accident	AV Solcide F		onotic fillings monner	10 01 0	2.1
	ACTUAL SIGNATURE	wyoule	ner	NU	ASSISTANT	MEDICAL EXAMINER SIG)
-	EXAMINER'S NAME (TYPE OR PRINT)	 Margarit	а А. К	orell, M.D	ADDRESS111	Penn Street	3115	
23a.	BURIAL, CREMATION, REM			NAME OF CEMETER		23d. LOCATION	OUNTY 35 STATE	
	Burial	10-23-8	31 I	Druid Ridge	e Cemetery	Pikesville, Balt	o. Maryland	a
	FUNERAL DIRECTOR	ADI	DRESS	1050 York	· 1/1/1 /	C'D. BY REGISTRAR 256. REGISTRAR	MAP.	
R	uck Towson F	uneral Home	. Inc.	. Towson, 1	Md. 212040CT	22 1081 /	a. lather	N

STATE OF MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the medical

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			FICATE OF DEATH	REG. NO	6. 4	, ,	Con
	1. DECEASED NAME FIRST	MIDDLE		LAST		MONTH DAY	YEAR	26 HOUR
	TERES	SA A	FEDELI	To Jo 7		10 3	81	1:32 am
	3. SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UNE	DER I YEAR	IF UNDER 24 HRS
	Female	White	MONTI 10		82	YRS		HOURS MIN.
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy	76. CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE	D NEVER MARRIED D	Baltimore City o			
٦	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME		120 USUAL OCCUPATI	ION 12	b. KIND O	F BUSINESS OR
	Catonsville	Forest Hav	ven Nursin	g Home	Homemaker		DUSTRY	Home
000		INTY 13c CITY	OR TOWN	YES NO	13e. STREET ADDRESS 6259 Gilst	on Park	Road	
100	14 FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	MIDDLE		EAS1	,
0	Dominic	Serar	no	Concetta		Yezzi		
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	HAL SECURITY NO.	17. INFORMANT	ADDRE	55		
	No		56-2404	Mrs. Dahlia	C. DiLeo	Same as	#13	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	DUE TO, OPSACE	CALELO ONSEGUENCE OF FING TO DEATH BUT	Me 113 6'S Solvante NOT RELATED TO THE TERMI	2_	DITION GIVEN IN	RE FINDIN	IGS USED
	TIFIC	The second of			YES T NOT	IN CERTIFYING	CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		NTH DAY YEAR 19	216 HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUS		OR PART 2)	STATE
	27a. I certify that (1) (this hasp	on view the body ofter deo	19 <u>8/</u> , o	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	, to	FF	from the o	
1	THE RESERVOIR STREET						KY II	Marie Sale
4	Harold B. Bob			7220 Park He		Baltimo	re, ſ	Md.
	230 BURIAL, CREMATION, REMOVAI			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cou	INTY	STATE
	Entombment	10/5/81	Lorrai	ne Mausoleum	Woodlawn	Balt	-	Md
	74 FUNERAL DIRECTOR Witzk	e, P.A.	ADDRESS	, and an	LAC. PBA BELLARIA	The state of	GNAT	Mar chen

1630 Edmondson Avenue Catonsville, Md.21228

DHMH - 16 50M 1/81 (VRA 15, 4)

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retained by the haspital or attending physician.

1	1.	FOR STATE REGISTRAR	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 1	2 5 3	1 3
m 4		CEASED NAME FIRST		AST		ONTH DAY YEAR	26 HOUR
deat			ter FELLICHT		October 1		6:28
al director, page 3 hours after death Lace.	3. SE	JALE (AACE S. DATE COUNTRY? CITIZEN OF WHAT COUNTRY? 8	DAY YEAR	6 AGE (IN YEARS LAST BIRTHI	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
at of	G	CRMANY	U.S.A. MARRIEN		Baltimore	County	ME
Ped led	Be	TY OR TOWN OF DEATH ALTIMORE F	NAME OF HOSPITAL, NURSING HOME OF HOT IN SUCH FACILITY, GIVE STREET ADDRESS)	11.40	TYPE OF WORK FOR MOST OF V	VORKING LIFE) INDUSTRY	OF BUSINESS OR
should be in should be in a should b	130 5	AL RESIDENCE (IF NURSING HOME OR OTH TATE 136 COUNTY 10. THER'S NAME	ER INSTITUTION GIVE RESIDENCE BEFORE VIMISSION)	13d. INSIDE CITY LIMITS? YES NO NO	13e. STREET ADDRESS	CTORY	AVI.
and 2		FIRST MIDE	FELLICHT	15 MOTHER'S MAIDEN NAM	MIDDLE	LAS	a .
Pages 1		VAS DECEASED EVER IN U.S. ARMEI LES NO OR UNKNOWN] (IF YES, GIVE WA		17 INFORMANT FAMIL	4 RECOK		
n signed by the attending phys. Then please remove carbonpor rto bural, cremation, or remove injury, or other traumatic event,	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	AUSE (0) CATUTAC ATTES	c stenosis	INAL DISEASE OR CONDI		MAJIE INTERVAL ONSEI AND DEATH
has been the permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
certificate braid-transit lental Hygie them 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM IB PART I OR PART 2)	
ter this is the bu	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	21f LOCATION	CITY OR TOWN	COUNTY	STATE
R. Af Use o Vealth		220.1 certify that (this haspital)		ember 3019 81	o_October		that 🎉 (we) last
OTO d for af h		sow the deceased alive on above, (L(we) (did) (Nd) vi	October 1 19 81 . on	d that in (M) (our) opinion (death accurred on the date	ond hour and from the	couses stated
ERAL DIREC e detached State Dept. ANT: If Item		Ronald Orrell		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NX /0/	1/81
to Funera by TO Funera should be de with the Stat		22d. Physician Styling in the Care	4	9000 Frankli	n Square Dr.	, 21237	
	23a. B	SPECIFY) .	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
H-16 50M 1/81	24 Ft	INERAL DIRECTOR	10 5 1981 GARD	INS FAITH	E REC'D. BY REGISTRAR 25	BALTO. B REGISTRAN SIGNAT	ARYLAN
(VRA 15, 4)		JANS FUNC	AL Chapel 1800	HAVFORD Kd DC	T 1 3 1981	paness Jan	/ lastrone

All the first of the second of THE REPORT OF THE PARTY OF THE The Separate Market Street of the seasons and

3		FOR - STATE REGISTRAR			MENT OF I	E OF MARYLAND LEALTH AND MENTAL HY CICATE OF DEATH	REG. N	2.	5 3	114
		ECEASED NAME FIRST Ade	laide	FERNAND		AST	October 1	, 1981		7:40P
	3. SE	F Female	4. RACE WY	nite	5 DATE O	bh 21° 1894	6 AGE (IN YEARS LAST BIR	THDAY) M	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
169	1	RTHPLACE (STATE OR FOREIGN FOUNTRY YORK, N.Y.	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWS	DEXEVER MARRIED DIVORCED	9 BALTIMORE CITY O Baltimore	R COUNTY		MI
1	Ro	SSVILLE 21237	Frank	ch facility, give street	G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION OF THE CLE		HUSING OFF	938 SINESS OR
35	130.		DR OTHER INSTITUTION INTY timore	GIVE RESIDENCE BEFORE	221	13d. INSIDE CITY LIMITS? YES NO	1321 RESTANDRESS	nwood	Rd.	
30	14. F	ATHER'S NAME Albert Gre	ene Middle	LAST		15. MOTHER'S MAIDEN NA	ie Berla		LAS	
medical		WAS DECEASED EVER IN U.S. A YES NOOR UNKNOWN] (1F YES G	RMED FORCES?	166. SOCIAL SECU		Janet Touri	s, Daughter	Balto	Myrth .	Ave. 21221
event, the		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA	only one couse per ED BY: ATE CAUSE (a)	Cardiac a	rres t	secondary to	renal fail	ure	APPROX BETWEEN	ONSET AND DEATH
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njury, ar	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 10	0'
2 yours only	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	280 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FIND!	NGS USED S OF DEATH?
ltem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI [IF EITHER NOTIFY MEDICAL EXAMIN:	ER) P.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT I OR PART 2)	
rked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
n 21 is ma		220.1 certify that (1) (this has saw the deceased alive a abave, 1) (we) (did) (did)				ember 1619 81 ad that in (14) (our) apınion				that X (we) last causes stated
NT: If Hen		C. Lawle				DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F IAN X	22c. DATE	SIGNED 81
IMPORTANT:		Cory Law	er		544		in Square D	r., 21	237	
_	230. Bt	BURIAL, CREMATION, REMOVA	10/2/	/81 Gai	rdens	of Faith Cem			-	ARP A
1/B1)	24 F	uzdzinski Fune	ral Home	PA 1407	01a	astern Aven	TE REC'D. BY REGISTRAR 1981	254 PEGISTR	APS SAGNAT	Harthen

6[290] Verch 21, 1844 ... , 400 19. cosville 1877 vrmilin 5c. caribal diffee Lary Ville Little . Aff bookened Fall IS ax ISSIS would mention bonfund Bond . section executive first in 150 180 20 1899 Jamet Pourla, Landston Halter, Marga 16/5/41 Concert of Salah Constany Collings to America quedrins it a runal form P. 1400 Luc ambert, eye.

2	1	FOR STATE		D			ARYLAND AND MENTAL I	TYGIENES 1	9	5 3 1 5
		REGISTRAR	FIRST				ERTIFICATE		REG. NO.	
130		CEASED NAME A C	1 C	i	MIDDLE	7,	IAST /V/V/	20. DATE OF DEATH	KNOWN MONI	210 01 -30
)	3. SE	nule- uti	ite "	ATE OF BIRTH	YEAR LAST BIR	YEARS IF UN THDAY) MONTH YRS.	DER 1 YR. IF UNDER	MIN. PRONOUN DEAD	ICED	D 18 19 81 30 M
69	FC	RTHPLACE (STATE OR REIGN COUNTRY) NEW YORK		USA		8. MARRI WIDOW	ED NEVER MARK	IED U	Balli	County MD
57	Po	mrile M	TH III		ITAL, NURSING HO		ER INSTITUTION	120. USUAL OCCUP FOR MOST OF WOR Manage		12b. KIND OF BUSINESS OR INDUSTRY Mid-Way Gas
	USU/ 13a. S	TATE MALE	ISTACOUNTY		RESIDENCE BEFORE ADA		13d. INSIDE CITY LINETS? YES NO	130 STREET ADDRE	sslrino:	S+21224
	14. F/	ATHER'S NAME FIRST Paul	MID	DLE	Finn		15. MOTHER'S MAID FIRST UNKNOW	M	IDDLE	LAST
NO 7		VAS DECEASED EVER ES, NO, OR UNKNOWN)	IN U.S. ARMED F (IF YES, GIVE WAR O	R DATES)	16b. SOCIAL SECU		17. INFORMANT	1550	ADDRESS	
GIENE, DWISION OF VITAIL		yes 18 CAUSE OF DEAT	H (Estas aslu ass		069 28 2 or (a), (b), and (c).)	700		tis Vasc		APPROXIMATE INTERVAL
HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	NO	Conditions, if a gave rise to couse (a) stating lying couse lost. PART 2 OTHER SIGNIFICANI	immediate the <u>under-</u>	(c)	IS A CONSEQUENC		OR CONDITION GIVEN IN PA	NRT 1 (g):		
o in	IFICATIO	19a. DATE OF OPERA	TION	19b. CONDITIO	ON FOR WHICH O	PERATION W	AS PERFORMED?			20. AUTOPSY? YES NO 🔀
PRIOR TO BURIAL	MEDICAL CERTIFICATION	210. EXTERNAL CAUS UNDERLYING CONTRIBUTING	OR CAUSE OF DEATI	H P,M.	MONTH DAY Y	EAR	OW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1 OR	
	MED	21d. INJURY OCCURE WHILE NOT AT WORK AT W	WHILE	21e. PLACE OF STREET, FACTOR	F INJURY (AT HOME PRY, FARM, ETC.)		CATION	CITY OR TO	WN	COUNTY STATE
MARYLAND, 21201 P		22a. I certify that 1 death resulted from		80	ribed above, held a	n Autop	Hamicide .	Undetermined mo	onner ,	opinion
DRE, MARYLAND, 21		ACTUAL SIGNATURE	Wen!	C. H.	u	M	D. TITLE (SPECIFY)	MEDICAL EXAM	INER SIG	NED 10/18/81
AFTER DEATH, BALTIMORE, MA		EXAMINER'S NAME (TYPE OR PRINT)	JOHN	y (.	Hyle		ADDRESS 7527	Below Rd	BALT	Univ36 mel
B A B	23a. B	URIAL, CREMATION, R SPECIFY) Burial		ATE 10/22/81	23c. NAME OF	cemetery o		23d LOCATION CITY OR TOWN Baltime	ore	Maryland
17	24. F	UNERAL DIRECTOR					25a. DATE	REC'D. BY REGISTRA		C C IC LA PRIORIE
ME (5))		Walter Da	browski	ADD TOO	5 Dundall	k Aven	ie UU.	T 2 0 1981	Rances	Can Parthers

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Midder Funeral Home

STATE OF MARYLAND.

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STATE OF MARYLAND

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and competely tilled in be should be detached for use as the burial-transit permit. Then please remove corban papers. Pages and 2 should be tilling with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event till

ector, page 3

W	1.	FOR STATE REGISTRAR		DE	STATE OF MARYLAN PARTMENT OF HEALTH AND M CERTIFICATE OF DE	ENTAL HYGIE	ENE 8	6. 6.	2 5	3 1 8
市		CEASED NAME	FIRST	WIDDLE	LAST			MONTH	DAY YEAR	2b. HOUR
1			MALCOLM	R	FOBES	100		10	24 81	9:50 "
-1	3 SE		4 RACE		5. DATE OF BIRTH		AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	R IF UNDER 24 HRS
11		Male		nite	Sept. 13,	1914	67	YRS.		
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30	14 FA	Edson	WIDDIE	F						ďall
1		WAS DECEASED EVE YES, NO OR UNKNOWN) NO	R IN U.S. ARMED FORG	TES1	SECURITY NO. 17. INFORMAN 12-7403 Eliza		ADDRES			030 lle, MD
67	CERTIFICATION	underlying cou	y, which nmediate has the policy of the se last. DUE	(O, OR AS A CON (b) (O, OR AS A CON (c) NS CONTRIBUTIN		O THE TERMIN) I S S E M I N A ·	TED)		T. Land
7	RTIFIC	63 ACCIDENT WAS		OF INTURY			YES NO	IN CERTI	IFYING CAUSE	NO [
9	MEDICAL CE	220.1 certify that (CAUSE OF DEATH DICAL EXAMINER) RRED 21e. P (AT HC) ORK 1) (this haspital) attended		OFFICE, FARM, ETC.) 21f LOCATION STREET	19_81	CITY OR TOW	12	COUNTY 81	STATE , that (1) (we) last
1		226. SIGNATURE	NAME (PPE OR PRINT)	body difer death.		ENDING YSICIAN GREAT	MEDICAL STAFF	. ME	DICAL	
1	23n P	DR. J.	KL'I GMAN	TE	6701		ARLES ST.	, TC	OWSON,	MD.
	- 1	remation		27, 81	Loudon Park	Cemete	ery balti			
	24 FL	JNERAL DIRECTOR		ADI	DRESS		RECID BY REGISTRAR 2	11	1 1 4	Wather.
10	Wi.	lliam R.	Johnson	8521 L	och Raven Blv	al. OCT	26 1981	pance	60 Han	4 1000

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19 1-	FOR STATE REGISTRAR					AND MENTAL H	4		2 5	3	1 4
1. DE	CEASED NAME	FIRST	17165	WIDDLE		LAST		REG. NO		DAY	YEAR 2b H
(TYE	PE OR PRINT)	James		В.	E	oster	OF	ESTI- MATED	,	4 19	81
3. SEX	X 4. RA	ACE 5.	DATE OF BIRTH	6. AGE (INY	ARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DAT	E	MONTH	DAY	YEAR 2d. H
		White I	Nov. 14,		RS. MONTE	S DAYS HOURS	MIN: PRONOU DE A	D	10	4 19	
5 FC	Marylane (STATE O	d	USA	AT COUNTRY?	8. MARRI WIDOW	ED NEVER MARRI	ED 🔲	imore	_		TH
A .	Arbutus	DEATH I	I. NAME OF HOSP (IF NOT IN SUCH FAC 35 04 SI	ITAL, NURSING HOM ILITY, GIVE STREET ADDRESS) henandoah	E, OR OTH	ER INSTITUTION	120 USUAL OCCU	JPATION (TYPE	OF WORK	OR INI	of BUSINES DUSTRY tylin
USU		NURSING HOME OF COUNTY Balto	THER INSTITUTION GIVE	130 CITY OR TOWN	ION)	134. INSIDE CITY LIMITS?	13e. STREET ADDR	ESS			
	ATHER'S NAME	Balto).	Lansdown	ie	YES NO X	3504 SI	nenen	doah	Aver	ue_
	Kelly	ŕ	AIDDLE	EAST		15 MOTHER'S MAIDE		MIDDLE		LAST	
	WAS DECEASED EVE			Foster	Y NO.	France	es .	ADDRESS	F	ritz	7
(Y	YES, NO, OR UNKNOWN)	(IF YES, GIVE WA		217-52-4		Mother,					
MEDICAL CERTIFICATION		immediate ing the under- st. ANT CONDITIONS CON infarcti	on of le		ainal disease	OR CONDITION GIVEN IN PAR uncle surr as performed?		rascula	r mal	formal 20 AUTO YES	PSY?
AL CER	21a EXTERNAL CA UNDERLYING CONTRIBUTING	OR	216. TIME OF HOUR A.M.		0	ested pent					
MEDIC	214 INJURY OCCU		21e PLACE O	FINJURY (ATHOME, PRY, FARM, ETC.)	21f. LOG	TREES 04 Shenai	ndoah Ave	. Arbu	tus B	al to	.Co. M
	22a. I certify the deoth resulted fro			ribed obove, held an	Autops	Hamicide , TITLE (SPECIFY) D.Deputy Ch	Undetermined m	sonner ,	d in my apıı DATE SIGNED	10.	/5/81
	SIGNATURE	1		141		1 1 1 1	D 01	D 11		D	
4-	EXAMINER'S NAM (TYPE OR PRINT)			mith, M.D.		ADDRESS	Penn St.	Balt	o., M	D.	
(5)	EXAMINER'S NAM	I,REMOVAL 236		mith, M.D. 136 NAME OF CE Glen Ha	METERY O	R CREMATORY Mem. Pk.	Penn St. 23d LOCATION CITYOR TOWN Glen P EC'D. BY REGISTR.	lunnio	COUNT	TY	STATE Md

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STATE OF MARYLAND

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	ALC:	A WILLIAM TOWN	.31. 413	

requires that the death certificate be executed within 24 hours

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should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etoined by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

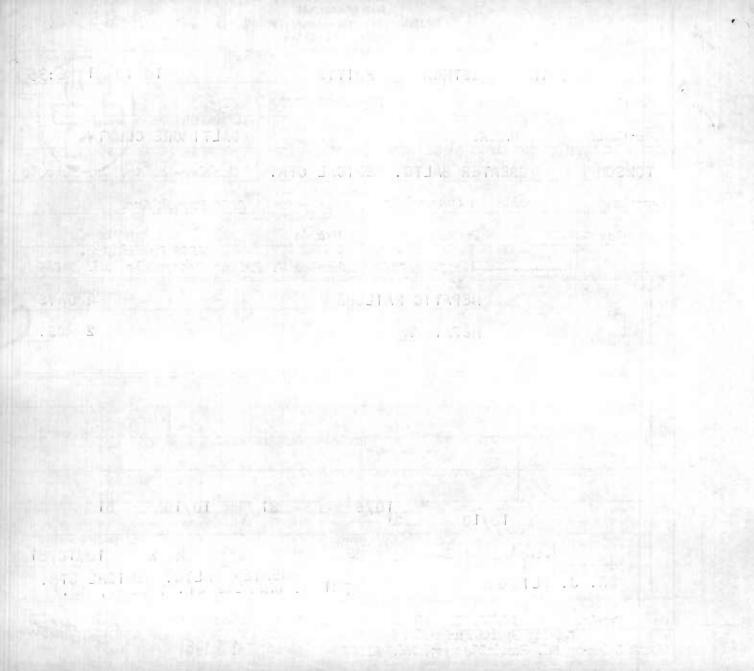
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A RACE White White A Th CITIZEN OF THE COUNTY Baltimore MIDDLE J.S. ARMED FORCES? YES, GIVE WAR OR DATES.) THE COUNTY OF COUNTY ACTION OF CO	F WHAT COUNTRY? HOSPITAL, NURSING UCH FACILITY, GIVE STREET A TOBOLOGISM N GIVE RESIDENCE BEFORE 13c. CITY OR TOWN WOODLAL Daly 16b SOCIAL SECUR 216-46-3	widower G HOME O DDRESS) ROad ADMISSION) N WID RITY NO. 152	11 YEAR 98	9 BALTIMOR Baltim 120 USUAL O (IVPE OF WORK) HOUS 13e STREET A 2002	ARS LAST BIRTHDAY) 3 YRS RECITY OR COUN NOTE COUN FOR MOST OF WORKING BEWIFE	nty of DEATH nty 12b. KIND of INDUSTRY Own ge Road Kane	Homme
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OVAL 23h DATE	/		220 ADDRESS SHILL OF	A Fresh	ick Ro	10/ 216	20/8/ R& 9
C C C C C C C C C C C C C C C C C C C	AMINER) 21e PLACE (AT HOME S hospital) attended to the bod of th	AMINER) P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY) hospital) attended the deceased from ye on led and stew the body after death. 19 8 OVAL 23b DATE 10/21/81 Net	AMINER) P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) hospital) attended the deceased from ve on Industriew the body after death. DVAL 23b DATE 10/21/81 New Cath	AMINER) P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE, FARM. ETC.) Phospital) attended the deceased from ve on Ve on DEGREE ATTENDING PHYSICIAN 22e ADDRESS DVAL 23b DATE 10/21/81 P.M. 19 21f. LOCATION STREET ATTENDING PHYSICIAN 22e ADDRESS VENERATOR New Cathedral Cemet	OF DEATH AMINER) P.M. 19 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) Phospital) attended the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	OF DEATH AMINER) P.M. 19 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) Phospital) attended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10	OF DEATH AMINER) P.M. 19 21e PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE, FARM, ETC.) 21i. LOCATION STREET CITY OR TOWN COUNTY COUNTY

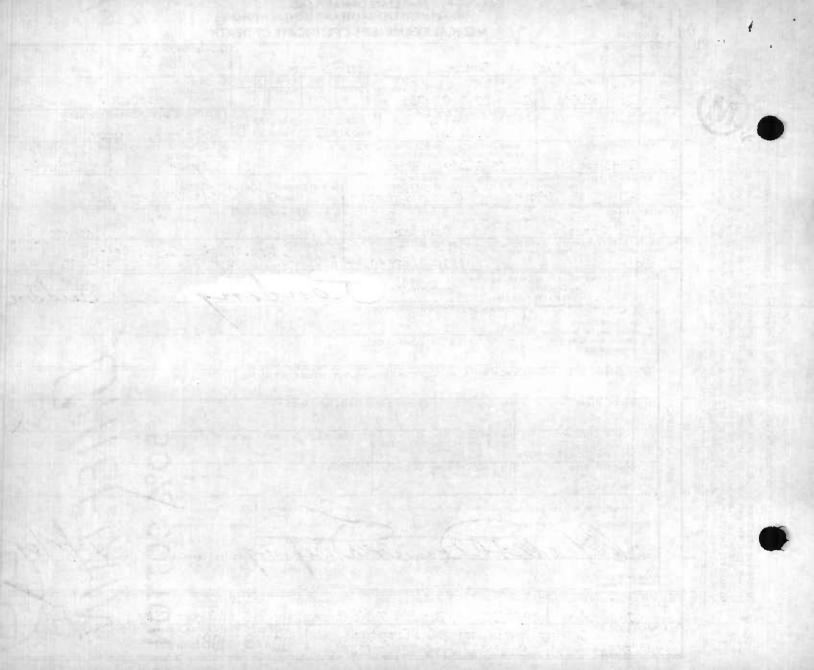
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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5 . "	OREIGN COUNTRY)	MD		U.S.A.	11-	WIDOWE	D NE	VER MARR DIVORO	IED L		more			M
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	MD	Balti	more	Ra	ndallsto	wn	YES 🗌	NO 🛚	I STREET	9142 1	Libert	y Roc	ad	
14. F	ATHER'S NAME		WIDDLE		LAST	1	15. MOTHE	R'S MAID	ENNAME	MIDI	DLE		LAST	
1 16n 1	John B	Edward DEVER IN U.S. AR	MED EODCES	Go	essler SOCIAL SECURIT	V NO	AC 17. INFORA	mes			ADDRESS		Murray	
(1)	NO. OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)		9-12-706			M	rs. Re Fence	egina Road	ADDRESS C. Elli	stefi cott	eld City,	21043 MD
	18. CAUSE O PART I DE	F DEATH (Enter on ATH WAS CAUSE	ly ane couse p D BY:	er line for (a),	(b), ond (c).)	oxide	Pois	ion		. The			APPROXIMA BETWEEN ONS	TE INTERVAL
	95	2 JIMMEDIA	TE CAUSE (o). DUE TO		ONSEQUENCE (-		No. and	1	1-			Suc	den
1		ns, if any, which	(b)						/					
		stating the under-	4	O, OR AS A C	ONSEQUENCE (OF		Maj			19			
	PART 2 OTHER SI	GNIFICANT CONDITIONS	(c)_ CONTRIBUTING TO	OEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE	DR CONDITION	N GIVEN IN PA	RT. 1 (a).					
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4-	death result	ed from Natur	5	1	m 🗀,	rcide L	Homic TINE (S	PEQIFY)	Undeteri	mined man	ner [_],		1.1	1
	SIGNATURE	Chai	WH	the	rene	ela	100	bul	MEDIC	AL EXAMIN	NER	DATE	10/8	181
0	EXAMINER'S (TYPE OR PRI					^	DDRESS_				3		1	
_	LIDIAL CREALA	TION, REMOVAL 2	25 DATE	12:	C NAME OF CEA			ORY	23d. LOC	ATION				STATE
23a.E	SPECIFY)	TIOTY, KEMOVAL	DATE	4.					CITY OR	TOWN		COUNTY	1 5	STATE
(SPECIFY)	nation	10/9/8	1	Loudon E al Direc	Park C	rema	tory	Bali	timore	e City		MI)

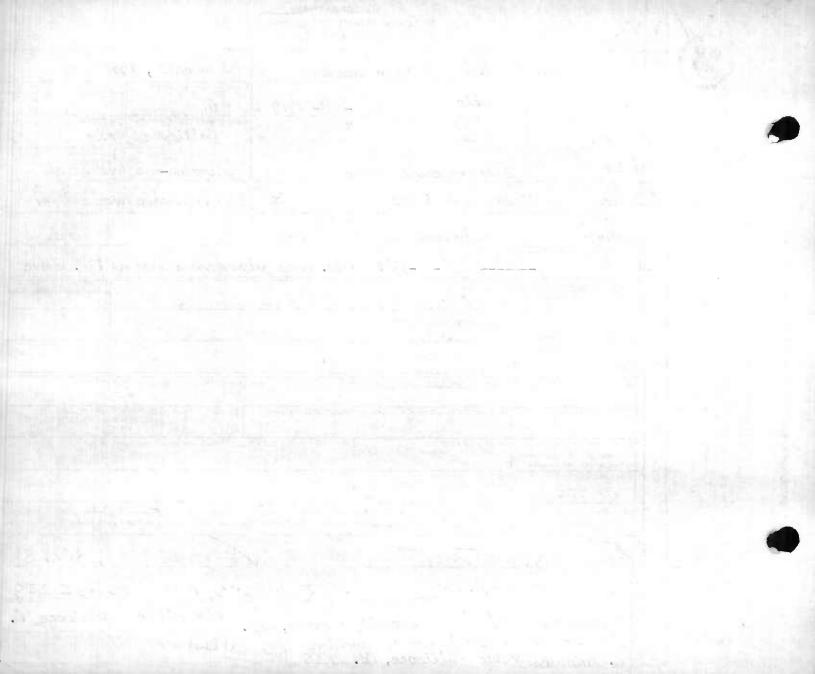


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STATE OF MARYLAND



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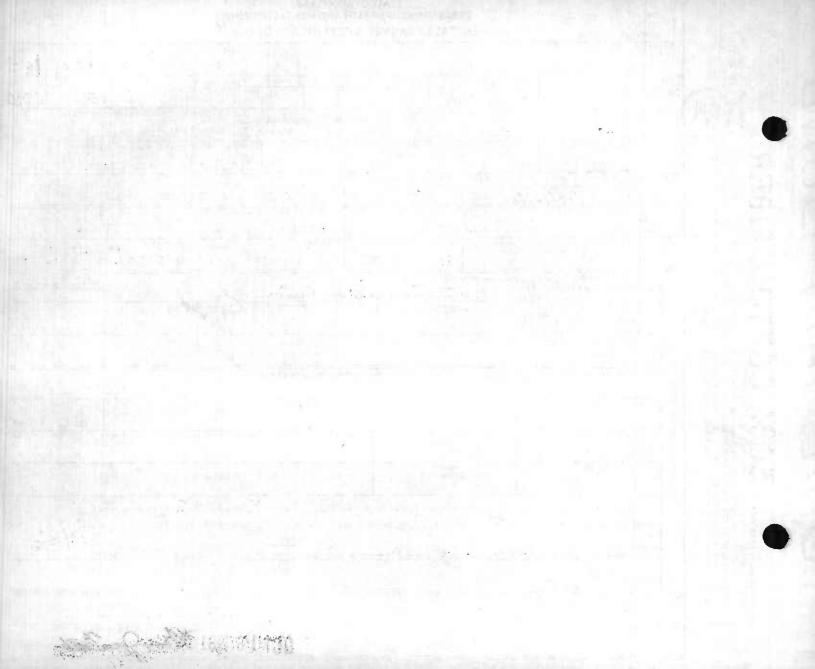
C. C. 28.1981 Broude Rider Cemetery Phonoville, Belto., Md.

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3	1.	FOR - STATE REGISTRAR		DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2 5 3	2 6
		CEASED NAME FIRST	MIDD	lE .	L.	AST	20 DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
oy be oage 3 death	1	BES	SIE May	У	GA	TES	10	20 181	12:20A
ê op	3. SE	X	4 RACE	50LT 1	5. DATE O		6 AGE (IN YEARS LAST BIRTHOAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
1/11/20	37	FEMALE	WHIT	E	MONTH	L-17-1884 YEAR	96	YRS.	HOURS MIN.
al March	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
1 55	Ma	aryland	U.S.A.		WIDOWE	Y	BALTIMORE (COUNTY	MD.
by the fulfilled with		OWSON	GBMC-67			LES ST.	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOMEMAKET	RKING (IFE) 126. KIND OF	BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corban papers: Pages 1 and 2 should be filled in by the and Mental Hygiene prior to burial, cremation, or removal. On them 18 shows any injury, or other traumatic event, the medical examines must be facilities.	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU Bal	R OTHER INSTITUTION GIVE		ADMISSION)	13d. INSIDE CITY LIMITS?	8009 York Rd	B4 21204	
tely f	14. F/	ATHER'S NAME		77		15. MOTHER'S MAIDEN NA		ACCURATE OF	
MAR and	1	Oliver Arch	ibald	Tay1	or	Lydfia	WIDDIE	Tho	mas
RE, A		WAS DECEASED EVER IN U.S. A		SOCIAL SECU		17 INFORMANT	ADDRESS		
be executor on and control or and control or	(YES, NO ORUNKNOWN) (IF YES, G	IVE WAR OR DATES)	41-38-4	272	Evelyn V Get	tman 8009 Yorl		
BAL cate cate operation operation of the state of the sta		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line	for (0), (b), one	H(c).)	ADDECT		BETWEEN ON	ATE INTERVAL
ST.,			TE CAUSE (o)R	ESPIRA	TORT	ARREST			
deoth c		4360	DUE TO, OR	TROKE	NCE OF			4	
RES dec dec dec dec dec dec de		Conditions, if ony, which gove rise to immediate	(b)	TROIL					
W. PR total the state of the st		couse (0), stating the underlying couse lost.	DUE TO, OR AS	S A CONSEQUE	NCE OF			73	
or o			(c)						
quire quire signa hen p to bu	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIC	ON GIVEN IN PART 10	
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nas be ne na permit	F						YES MON	CERTIFYING CAUSES O	OF DEATH?
ITAL R ITAL R Sician. ote has nist pe ygiene 3 shows	ER	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF IN	1JURY		21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN I		140 []
IYSICIAN: T ding physici is certificate buriol-transi Mental Hygi		OR CONTRIBUTING CAUSE OF DE	A(1)	MONTH DA					
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NG PH offer th os the th ond	ME	WHILE NOT WHILE AT WORK		FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
DING P or after the os the olth one		22a.1 certify that (I) (this hosp	utal) attended the de	ereased from	9-2	5 10 81	10-20	10 81 #	ot (I) (we) lost
	10	case the deceased this	- 10-20	10	81,00	d that in (my) (our) opinion	death accurred on the date o	, , ,, , , ,	
OR ATTEN OR ATTEN DIRECTOR: oxhed for un Dept. of He		obove, (I) (we) (did) (did n	ot) view the body ofte	er deoth.		DEGREE DO		22c DATES	
the part of the pa			-5.	Z	1	ATTENDING	MEDICAL STAFF	110	120/50
O HOSPITAL O etoined by the TO FUNERAL Brould be detoo with the Store D MPORTANT: If	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	A	11	PHYSICIAN [DIRECTOR PHYSICIAN	M I'	-0/0/
FUN Md b		L.S.FELDM					N. CHARLES	ST.	
TO HOSPITAL OR AT retoined by the hosp to FUNERL DIRECT should be detoched for with the Store Dept. (IMPORTANT: If them.)	72.				IAME OF C	EMETERY OR CREMATORY	1234 LOCATION		
		BURIAL, CREMATION, REMOVA	236. DATE 10-23-				CITY OR TOWN	COUNTY	STATE
BP		Burial UNERAL DIRECTOR	10-23-	OI M	eadow	ridge Mem Pk	Elkridge	Baltimore M	aryland
DHMH-16 30M 2/80 (VRA 15, 4)	100	NAME		ADDRESS		607	2 6 1981	WILL SAIGHAN	NC.
(······	M	itchel l- Wiedefe	eld Home 6	500 Yor	k Rd	21212	אין וטטו יי	48	

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	11-	FOR STATE				STA MENT OF EXAMIN	HEALTH		ENTALI		(2)		2 5	5 3 :	2
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WECTON WECTON HOUR HOUR	i se		Charle RACE White	5. DATE OF BIRTH	YEAR	6. AGE (IN YE	AY) MONT	VDER 1 YR.	IF UNDER	R 24 HRS.	2c. DATE PRONOUNC DEAD		MONTH	DAY YEAR	2d
NA SERVICE	FC	RTHPLACE (STA		May 4, 1	HAT COUN	81 Y	8	IED NI	EVER MARE	RIED	9. BALTIMO	RECITYO		Y OF DEATH	10
FINE TO THE FUED OF THE PAGE 5		TY OR TOWN C	OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FA	SPITAL, NU ACILITY, GIVE S	RSING HOMI	E, OR OTH	HER INSTITU		12a. USU FOR A	AL OCCUPA	TION (TYPE	E OF WORK	12b. KIND OF B OR INDUS	TRY
F AND BE SHOULD	13a. S		THE COUN	OR OTHER INSTITUTION, GI	IVE RESIDENCE	BEFORE ADMISS PRINCIPAL ATKYZ	ION)		CITY LIMITS?			. Gen. Elec. Circuit Break EET ADDRESS Dept. 43 Eierman Ave			
1,000		THER'S NAME FRST Charles			eiger			Ma	-	EN NAME	MID		٤	Simms	
BALTIMORE, MD. URS AFTER DEATH URS AFTER DEATH WITH FORM PM I. PAGES 1 AND 2 DIVISION OF WITH		VAS DECEASED ES, NO, OR UNKNOW NO	DEVER IN U.S. ARMED FORCES? OWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mr Charles E Geiger 503 I OF DEATH (Enter only one cause per line for (a), (b), and (c).)							B∈ 3 Wir	el Air, nter Vie	Md ∋w			
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HC RITING THE WORD "PENDING" IN FENCIL IN ITEM 1 ROED TO THE CHEF MEDICAL EXAMINER ALONG E 3 SHOULD BE USED AS A BURAL. TRANSIT PERAL. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PRIOR TO BURIAL, CREMATION, OR REMOVAL.		gave rise cause (a) s lying caus	i, if any, which to immediate tating the <u>under-</u> e last.	(b)	AS A CON	NSEQUENCE ASEQUENCE	OF OF		ON GIVEN IN P.						
HOULD BE EXECT RD "PENDING" I CHIE MEDICAL OF HEALTH AND AL, CREMATION,	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPS		
CERTIFICATE SITING THE WORDED TO THE CORD DED TO THE CORD DEPARTMENT OF PRIOR TO BURIA	CAL CERT	210. EXTERNAL UNDERLYING CONTRIBUTIN			A. MONTH	DAY YEAR	21c. H	OW INJUR	Y OCCURR	ED (ENTER)	NATURE OF INJUR	RY IN ITEM 18 F	PART 3 OR PAI		N
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TO MEDICAL EXAMINER: THE BESECULE THE CERTIFICATE, WITH THE STATE TO FUNERAL DIRECTOR: PAGATER DEATH WITH THE STATE BATTER DEATH, WITH THE STATE BATTER DEATH THE ST		22a. I certify death resulted ACTUAL SIGNATURE		ge of the remains des	Accident		Autop], Ham	Inspection icide	Undet	Inquiry Ermined man	ner,	d in my ap DATE SIGNE	10/1	5/8
	23a.B	EXAMINER'S N (TYPE OR PRIN URIAL, CREMAT	IAME J. C	rossan O'l		an NAME OF CE		ADDRESS		23d LO	11 Ave	aue_			
	(:	Burial UNERAL DIRECT	OR	10/17/81	!	Parkwo	ood		250. DATE	E	REGISTRAR			land IGNATURE	STATE
(VR A15 ME (5)) 30M 7/73		Leonar	d J Ruck	Inc. Bal	timor	ce, Mai	glan	d	OC	170	1381	Thomas	-	a fable	



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the fishould be detached for use as the burnof-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior ta burial, cremation, or removal.

6	L	FOR STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO				
		E OR PRINT)		MIDDLE		AST				2h HOUR	
	-		UDIA	0		GEMPP	October :		981	5:4 M	
1	3. SE		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		ONTHS DATE	IF UNDER 24 HRS. HOURS MIN.	
1	1 0	Female	Whit		July	y 25°, 19°1°0	71	YRS			
121	1 40	IRTHPLACE (STATE OR FORE		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O				
477	_	aryland	U.S.		WIDOWE		Baltimor			MD.	
200		21234 B	MIENOT IN SUCI	gard Co	urt	OR OTHER INSTITUTION	USUAL OCCUPATION OF WORK FOR MOST CONTROL TO THE CO		12b. KIND O INDUSTRY HOM	E BUSINESS OR	
35	13a.	aryland	COUNTY Baltimore	13c. CITY OR TOW 2123		134. INSIDE CITY LIMITS?	3 STREET ADDRESS Asgard	Cour	t		
wowing 20	14 F/	Theodore	WIDDIE	Faïr		Daisy	WE		Arma	cost	
medicol		WAS DECEASED EVER IN	IF YES GIVE WAR OR DATES!	166 SOCIAL SECU 214-22-		Robert G.	Gemp Balt		, MD.	21234	
other traumatic event, th		Gonditions, if ony, wingove rise to immed couse (0), stating	hich liote (b)	R AS A CONSEQUE	NCE OK	Hemt Fa	liverosa Liverosa	en d	Eli	MATE INTERVAL DNSET AND DEATH	
ony injury, or o	CERTIFICATION	PART 2 OTHER SIGNIFICATION CONTROL CON	dostru	lin "	ulu	NOT RELATED TO THE TERM NOT RELATED TO THE TE	INAL DISEASE OR CON	DITION GIVE	N IN PART I	In Zi	
Smo	Ī		V. Se				YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?	
Item 18 st	MEDICAL CER	216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E	SE OF DEATH HOUR A.A.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT OR PART 2)	F115.18.	
orked or	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	ww	COUNTY	STATE	
n 21 is m			/	1900		d that in (my) (our) opinion c	, to depth occurred on the do	ote and hour	ond from the	that (I) (we) lost couses stated	
AT: If hem		27h SIGNATURE (v	0	الما مح		A	MEDICAL STAP	FF CIAN []	10/1	SIGNED 12/8/	
MPORTANT		Gracito	Patricio	, M.D.		2926 E. C	old Sprin	g Lan	e 254.	-0392	

231 NAME OF CEMETERY OR CREMATORY

Mem.

Park

Moreland

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

etained by the haspital or attending physician

24 FUNERAL DIRECTOR lliam

230 BURIAL, CREMATION, REMOVAL BURIAL

Johnson 8521 Loch Raven

23b. DATE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Baltimore

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STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGICAL

FOR

- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. 1	NO.		
(TYPE OR PRINT) Alber		GERSTLEY	LAST	20 DATE OF DEATH	10/9	/81	26 HOUR 9:10 PM
Male Male			OF BIRTH 10-8-1896	6. AGE (IN YEARS LAST B		IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
Baltimore	U.S.	MARRIE WIDOW	ED NEVER MARRIED X	P. BALTIMORE CITY TOWSON		of DEATH	MD.
BALT IMORE	6701	N CHARLES S	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST			F BUSINESS OR
USUAL RESIDENCE (IF NURSIN 130 STATE Maryland		GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN COCKEYSVI		Schwann	Rd C	ockeys	villeM
FATHER'S NAME FIRST Gabriel	MIDDLE	Gerstley	15. MOTHER'S MAIDEN NA.	ME MIDDLE		Bass	
60 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WW I	166 SOCIAL SECURITY NO. 216-10-008	Md Masonic	ADDI C Home Sc		Rd	
DADT L DEATH WAYA	(Enter only one cause per S CAUSED BY	line far (a), (b), and (c) ASPIRATION	PNUEMONIA		ami a	APPROXIV BETWEEN C	MATE INTERVAL DINSET AND DEATH

>	PART I. DEATH WAS CAUSED B	ASPIRATION ASPIRATION	PNUEMONIA		
	5070	DUE TO, OR AS A CONSEQUENCE OF			
	Conditions, if any, which gave rise to immediate	(b)			
	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF			
	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART 11a
	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	RY IN ITEM IB PART I OR PART 2)
	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		

BP.

FUNERAL DIRECTOR

should be detoched with the State Dept.

If Item

MPORTANT

DHMH - 16 50M 1/BI (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)
Burial

GIRDHAR

Mitchell-Wiedefeld 6500 York Rd

22a I certify that (1) (this hospital) attended the deceased fram

saw the deceased alive an abave, (1) (we) (did) (did nat) view the City after leath.

saw the deceased alive an

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22b. SIGNATURE

24 FUNERAL DIRECTOR

GBMC 23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

23d LOCATION
CITY OR TOWN
Baltimore

250 DATE REC

OCT

and that in (my) (our) apinian death occurred on the date and hour and fram the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

81

22c DATE SIGNED

MaryTand

Oheb Shalom

ADDRESS

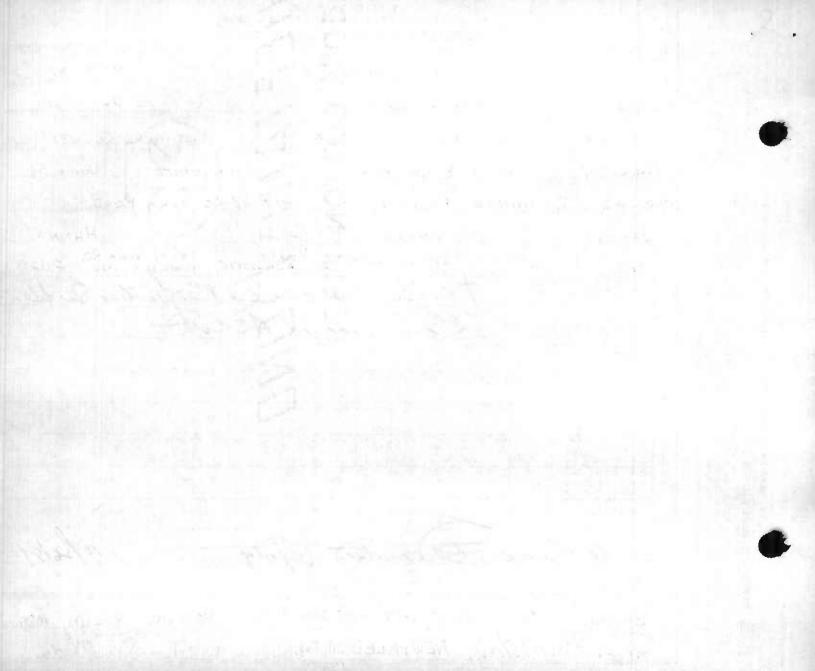
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STATE OF MARYLAND

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	ECEASED NAM YPE OR PRINT)				,	LAST	9	2	OF EST	WN MOP	NTH DAY YEA	26 HOUR
		OLLIE		E.		ILLIS			DEATH MAT	ED	0-26 198	/ M
3. \$	EX	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA		R 1 YR. IF UND		DATE RONOUNCED	MON	TH DAY YE	AR 2d. HOUR
F	EMALE	WHITE	8-24-		80 YR		DAYS HOURS	MIN P	DEAD	10-	26 198	// "
7a.	BIRTHPLACE IS	TATE OR	76. CITIZEN OF W	HAT COUNT		R	☐ NEVER MA	DDIES -	BALTIMORE	CITY OR CO	UNTY OF DEATH	-
	VIRGIN	IIA .	U. S.	A.		WIDOWED		RCED	BALTII	M = 0 =	C	,
10.	CITY OR TOWN		11. NAME OF HO	SPITAL, NUR	SING HOME				AL OCCUPATIO	N (TYPE OF WO	OLAT	BUSINESS
	Pague		(IF NOT IN SUCH F	2 2					OST OF WORKING L		ORINDL	
USU	JAL RESIDENCE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, G	YOR IVE RESIDENCE B		CA D		HO	USEWIF	E	Dome	STIC
13a.	STATE	136 COUN	ITY	13c. CITY	ORTOWN	13d.	INSIDE CITY LIMITS	. /	ET ADDRESS	0		
	PARYLAND		TIMORE	IPARI	KTON		ES NO		05 401	RK RO	DAD	
14.3	FATHER'S NAME		MIDDLE	į L	AST	15.	MOTHER'S MA		MIDDLE		LAST	
-	JAMES				NES	110 119	SARA	H			HAN	NA
160	YES, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)		AL SECURITY	NO. 17.	HARLE	Y	1810	DRESS	K RD	
	NO			100	20 2	707 17	AMESAGI	LLISPIE	PARI	STAN.	mo. =	11120
Т	18 CAUSE O	F DEATH (Enter on ATH WAS CAUSE	ly one couse per en	10/(o), (b),	and (C)	Ma		1.	10	10	APPROXIM	NATE INTERVAL
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	14101	0	DUE TO, OR	ASTA CONS	SEQUENCE C	F///	1	11 -	d			
		ns, if ony, which se to immediate	(h)	Se	Tely	Lele.	=1d	\$450	-UI	_	10/10	
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	lying cou	ise lost.	(c)									
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S												
CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR W	HICH OPER	TION WAS I	PERFORMED?				20. AUTOP	SY?
FIC												Λ
ERT	21a. EXTERNA	L CAUSE WAS	216 TIME O	FINJURY		I 21c HOW	INJURY OCCUR	RED JENTER N	ATURE OF INTURY IN	ITEM 18 PART 1 C	YES [NOX
	UNDERLYING	OR		MONTH				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
MEDICAL	21d. INJURY C	NG CAUSE OF I		OF INJURY	19 (AT HOME	211 LOCAT	ION					
ME	WHILE	NOT WHILE D		TORY, FARM, ETC		STREET			CITY OR TOWN		COUNTY	STATE
	AT WORK	ATWORK						<u> </u>				
	22a. I certi	fy that I took charg	e of the remains de	scribed obov	e, held an	Autopsy	, Inspec	tion .	Inquiry .	ond in m	y opinion	
	death result	ed from Natur	rol couses	Accident	. Sui	ide,	Homicide	, Undete	mined monner			
		160	0	1	_	D	TITLE SPECTOR	>				1
	ACTUAL SIGNATURE	Ma	eles T	The	Dene	ellen	Depe	LLYMEDY	AL EXAMPLE	DA	TE 18/2-E	181
							-	-	- Section Sect	310	SINED	
Cities .	EXAMINER'S (TYPE OR PRI	NAME NT)				ADC	ORESS					
23a.	BURIAL, CREMA	TION, REMOVAL 2	3b. DATE	23c. N.	AME OF CEN	ETERY OR CE	REMATORY	23d. LOC	ATION			
	Burl		Oct. 29,19	81 ST.	JAMES	EPISCE	OPAL CE		MONKT		BALTO,	MD.
24	FUNERAL DIREC		L /					TE REC'D. BY			L'S SIGNATURE	mul
-	NAME .	Mark	ADDRESS	NEI	UFRE	EDAM	PA:Nin	i A A	001 21	7	1. ONA	
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1	FOR STATE REGISTRAR			DEPAI	RTMENT OF		RYLAND ND MENTAL HYG OF DEATH	GIENE	B	EG. NO		2 !	5 3	3	4
	CEASED NAME E OR PRINT)	FIRST	1	MIDDLE		LAST		2a. DAT	E OF DE		HTMON	DAY	YEAR O.1	26 HO	
3. SE	×	Carl	4. RACE	R.		afton		6 AGE	(IN YEARS I		10	28	81	9:3	V
	MALE		WHITE		MON	TH D	1906			75	YRS	MONTH	HS DAYS	HOUR5	MIN.
Z.	IRTHPLACE (STATE OF COUNTRY) MARYLAND	R FOREIGN	76. CITIZEN OF	WHAT COUNTR	RY? 8 MARRII WIDOW		VER MARRIED DIVORCED	1	IMORE C				DEATH		M
0	Towson	Section	GBMC 6	HOSPITAL, NUR THE FACILITY, GIVE STR	Charle	s St.		TYPE OF	JAL OCC WORK FOR TRIB	MOST OF	WORKING	S LIFE) IN	26. KIND (NDUSTRY AUTO	-	
	AL RESIDENCE (IF NUI STATE MD.	13h COUN HARF	TY	13c. CITY OR TO FALLST	NWC		DE CITY LIMITS?	13e STRI 240	O RO	RESS CHE	LLE	DR.	210	47	
2.4	CHARLES	Ŕ	OBIE	GRAFTO	N		HER'S MAIDEN NA	ME	M.	DDLE			PYĽÎ	SI E	
	WAS DECEASED EVE (YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	219-18		17. INFO	RMANT IA C. GRA	AFTON		O R		LLE	DR.	2104	47
	Conditions, if on gave rise to in couse (a), stat underlying cous	imediate ing the e last.	(b) DUE TO, OI (c)	RAS A CONSEC SEPSIS RAS A CONSEC	DUENCE OF	T NOT RELA	ATED TO THE TERM	AINAL DIS	EASE OR	COND	ITION	GIVEN II	N PART)	0)	
CERTIFICATION	190. DATE OF OPER	NOITA	196 COND	ITION FOR WHI	ICH OPERATIO	ON WAS PE	RFORMED	200 A	LUTOPSY		IN CER		ERE FINDI G CAUSES		TH?
200	210. ACCIDENT WAS UP OR CONTRIBUTING [CAUSE OF DEA	in .	M. MONTH	DAY YEAR	21c. HO	W INJURY OCCUR	RED (ENT	ER NATURE (OF INJURY	(IN ITEM)	8, PART I	OR PART 2)		
MEDICAL	21d. INJURY OCCUI	/HILE	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFI			ATION	ľ	CIT	Y OR TOW		4	COUNTY		STATE
	220.1 certify that (sed alive on.	- 10/00	319	0.1	07 25 and that in	(my) (our) opinion		urred on	10/ the dot		_, 19_ nour onc	81 , d from the	that (1)	
	226 SIGNATURE	N	ticel	4		DEGREE	ATTENDING PHYSICIAN [MEDIC	CAL TOR P	STAFF	AN 🔀	N.		28/8	
1	22d PHYSICIAN'S N		cely, M.	.D.		22e. ADI	701 N. C	harle	es Si	Γ.	212	04			
	BURIAL, CREMATION	, REMOVAL	23b. DATE				OR CREMATORY		OCATIOI CITY OR TO)WN	WTT.		AT TO	MT	DTATE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

74 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

O DATE REC'D BY REGISTRAR IN HEGIT TRANSSIC ALTU-

D.

uni san sa di da la				
			dimoter	2070
Maria				
LAPTON 2500 OCCUPANT OR SE	a 22 A/ ENA	The state of		

	8	The same	1	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Pageretained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, or other troumatic event, the medical gromine must be notified at an	19931
DIVISION OF VITAL RECORDS,	TO HOSPITAL OR ATTENDING PHYSICIAN: The low require retained by the hospitol or offending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	4T: If Item 21 is morked ar Item 18 shaws any injury,	6
	TO HOSPI	should be with the St	IMPORTAL	1

DHMH - 16 50M 1/81 (VRA 15, 4)

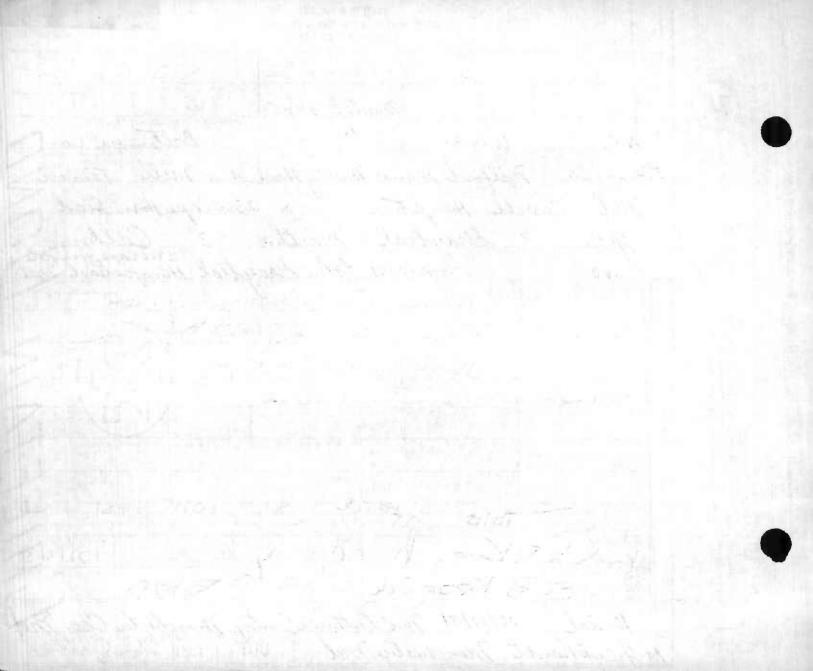
	1.	FOR STATE REGISTRAR					NT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	SIENE 8	REG. N	10.	2 3	5 3	3	5
		CEASED NAME	FIRST	a al	WIDDLE			AST		20. DATE C	F DEATH	MONTH	DAY	YEAR	26 HOL	
	3. SE	×	Lela	1. RACE	Α.	- Ic	DATEC	aham		4 405			25	81	10:3	- MANI
	3. 36	MAle		White		,	MONTH 10		YEAR 02	6 AGE (IN	YEARS LAST B		MONI	HS DAYS	HOURS HOURS	MIN.
1	7a. B	IRTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF		JNTRY? 8				1	ORE CITY	OR COUN		DEATH		
7		New York		USA			MARRIE! VIDOWE	NEVER	WARRIED '	Ra1	timo	n) an	unt	V		MD
7	10, C	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, I			R OTHER INS	TITUTION	12a USUAL	OCCUPAT	ION	1 i	2h KIND	OF BUSINI	
0		ockeysvill			Broadn	mead				100	RK FOR MOST	OF WORKING) LIFE)	NDUSIKI	. 2	
5	13a	AL RESIDENCE (IF NUR STATE MD	13P CON	other institution ty imore	13c. CHTY C			13d. INSIDE C	NO X	13e STREET 1380]		k Roa	d	Apt.	R-17	
20		ATHER'S NAME FIRST	_	AIDDLE	-	AS1			S MAIDEN NA	ME	MIDDLE		_	Į.A.	ST	
234		Robert WAS DECEASED EVER	GOV	-	Grahan	N AL SECURIT	Y NIO	17 INFORMA	Cora	171	ADDR	FSS	Sm	ith		
		YES NO OR UNKNOWN)		WAR OR DATES)		4-475		17 INFORMA	4141		ADDI	L33				
	NO	Conditions, if ony, gove rise to improve cause (a), static underlying cause	mediate ng the e lost.	(b)	OR AS A CON	AST I	AT I		RCINO					N PART 1	0	
9	CERTIFICATION	19e DATE OF OPERA	TION	19b. COND	ITION FOR V	WHICH OP	ERATION	WAS PERFO	DRMED	20a AUT	OPSY?	IN CER		G CAUSE:	NGS USEI S OF DE AT	TH?
9	MEDICAL CER	21a. ACCIDENT WAS UNI OR CONTRIBUTING () LIF EITHER NOTIFY MEDI	CAUSE OF DEAT	Ρ.	.M. MONT	TH DAY	YEAR 19		JURY OCCURE	RED (ENTERN	ATURE OF INJU	IRY IN ITEM 1	8 PART 1	OR PART 2)		
	WED	21d INJURY OCCUR! WHILE NOT WE AT WORK	HILE []		OF INJURY REET FACTORY,	OFFICE, FARM	ETC)	211 LOCATION STREET	NO.		CITY OR TO	NWC		COUNTY	S	STATE
		22a. I certify that (1) saw the decease above, (1) (we) (c	ed alive an_			19	, and	d that in (my)	(our) apinion (death accurr	ed on the d	ote and h	_, 19_ our onc		that (I) (s	
		226. SIGNATURE Dalle 226. PHYSICIAN'S NA	AME (TYPE OR	PRINT	re	et C			ATTENDING PHYSICIAN [MEDICAL DIRECTOR				22c. DATE	SIGNED,	7
				T. I												
	200	BURIAL, CREMATION, SPECIFY Removal	REMOVAL	23b. DATE 10/26	5/81	23c NAM	NE OF CE	METERY OR			ORTOWN			UNIY	5 - s	TATE
	24 FL	UNERAL DIRECTOR		Do 1	AD	DRESS			25a. DATE	E REC'D. BY	REGISTRAR	25K JEGI		- Miles	CRI	

Rallos, Mr.

DHMH-16 30M 2/80 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 1. DECEASED NAME YEAR 26 HOUR FIRST IF LINDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH 17b. KIND OF BUSINESS OR INDUSTRY 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE _, and that in (my) (aut) agains death accurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN 23d. LOCATION 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND.



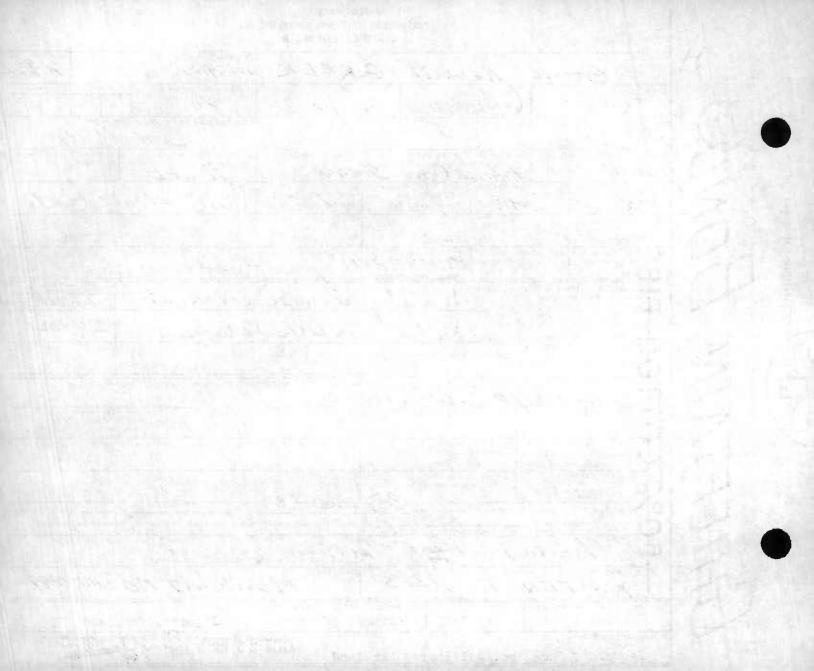
1,0	- 16	1.	FOR STATE REGISTRAR		DEPART	MENT OF I	E OF MARYLAND LEALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 1	2 5 3	3 /
1,			CEASED NAME FIRST	MAY	MIDDLE	0	GREENSPAN	20. DATE OF DEATH		26 HOUR
	to and	3 SE	MAY	A DAGE			ENSPAN DE BIRTH	6. AGE (IN YEARS LAST BIRT	10 / 18 / 81 THOAY) FUNDER 1 YEAR	8 PM
	10	100	ALE	4 RACE WHTI	HITE	MONT	1 10, DAY 1895	86	MONTHS DAYS	HOURS MIN
	A (31/11)		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED		YRS PRESENTED OF DEATH	
	1		RUSSIA	USA		WIDOW	DIVORCED [RE COUNTY	MD.
201	of the state of th	R	TY OR TOWN OF DEATH ANDALLSTOWN	RANDAL	LSTOWN CO	ONVALI	ESCENT CENTER	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSE W	DE WORKING LIFE INDUSTRY	HOME
AND 21	24 to	13a S	ARYLAND	OTHER INSTITUTION	13c. CITY OR TOW BALTIMO	E ADMISSION) ONE			ELVEDERE AVE.	21215
MARYL	ond 2	14. FA	THER'S NAME FIRST AARON	MIDDLE	COHEN		15. mother's maiden Nam Pirst DORA	MIDDLE	UNKNÔ	WN
TIMORE,	be execut an ond co	160 N	VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	577-84			S. MELVYÑ (VALLEY WAY	GOLDMAN OWINGS MIL	LS. MD
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120'	quires that the death certification is signed by the attending parties of the please remove corbons to buriol, cremation, or remainly, or ather troumatic even	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQU	ence of	Recover C.V.		2 48	yes
AL RECOR	The law reicton. te has been stip permit green prior shows only in the prior of th	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FORWHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
OF VII	PHYSICIAN; The I ending physicion. this certificate has buriol-transit pe to Mental Hygiene dor them 18 shows don't em 18 shows		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2}	
IVISION	Offendin ottendin ter this c s the bur ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	ATTENDIN sspitol or CTOR: Af d for use o d for use o f: of Health		220 I certify that (I) (this bop) sow the deceased alive on abave, (I) (wall did) (did ac	BUT	19	8/		eath occurred on the d	ate and haur ond from the	
	OR DIRE		22b. SIGNATURE		el Le	m.		MEDICAL STA	FF IAN [19/8/
	FU FU		DR. MANUEL				22e. ADDRESS 6101 PARK	HTS. AVE.	BALTO., M	ID
27	2 8 2 4 3 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23a. (BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23b. DATE OCT. 19			EMETERY OR CREMATORY MEM. PARK	23d. LOCATION CITY OR TOWN	COUNTY STOWN BALTO	STATE
d 11	DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR SOL		N & ABROS	, INC	250. DATE	REC'D. BY REGISTRAR		Harther

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RECORDS,

DIVISION OF VITAL

STATE OF MARYLAND



1630 Edmondson Avenue, Catonsville, Md. 21228

FOR

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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	FOR STATE REGISTRA	R			T OF HEALT	MARYLAND H AND MENTAL (CERTIFICATE (DEDEATH	2 5 /3 4	1
	DECEASED N (TYPE OR PRINT)	AME FIRST	ond W	illiam	Gı	ribbin	20. DATE KNOWN OF ESTI- DEATH MATE		HOUR HOUR
M. Const	fale	White	5. DATE OF BIRTH	24 58		NDER 1 YR. IF UNDE	R 24 HRS. IL DATE MIN. PRONOUNCED DEAD	To be 281	HOUR 130 AM
ME THE IN	o BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		USA			RIED NEVER MARI	CED D Baltimo	ore County	MD.
FEETSOOF	Fullerton		8416 B			21236	FOR MOST OF WORKING LIFE)	Joseph's Catl	
F 5 130	lary1	and Bal	e or other institution, g JNTY timore	I3c. CITY OR TO	NWN	YES NO X		r Road	
250	August 160. WAS DECEASED EVER IN U.S. ARM		MIDDLE K	Gribb		15. MOTHER'S MAID FIRST Helen 17. INFORMANT	EN NAME MIDDLE M. ADDR	Sauer	
	NO, OR U	NKNOWN) (IF YES, G	ARMED FORCES? WE WAR OR DATES) anly one cause per line	216-16	-9888			8416 Belair	Road
HE WELLAL FAMILIES ALL MEDIAL TRANSIT BY FEALTH AND MENTAL HYGI RIAL CREMATION, OR REMOVI	gave cause lying	ditions, if any, whise rise to immedia or ise to immedia of course last. SER SIGNIFICANT CONDITION EOF OPERATION	DUE TO, OF (c) NS CONTRIBUTING TO DEATH		THE TERMINAL DISEA	SSE OR CONDITION GIVEN IN P	ART 1 (o).	20 AUTOPSY?	
2	THE CONTRACTOR	RNAL CAUSE WAS	21b. TIME O					YES 🗆	MON
-	UNDERL	ING OR BUTING CAUSE C RY OCCURRED NOT WHILE	HOUR A.A DE DEATH P.A 210 PLACE	A. MONTH DAY	YEAR	OCATION STREET	ED (ENTER NATURE OF INJURY IN ITE) CITY OR TOWN	COUNTY	STATE
	AT WOR	K AT WORK							
MERAL DIRECTOR PAR DEATH, WITH THE STA MORE, MARYLAND, 211	deoth r	esulted from: No	orge of the remoins de	Accident .	Suicide	M.D. Homicide	Undetermined monner	DATE SKINED 2012	8
ALTIMORE, M	ACTUAL SIGNAL EXAMINI (TYPE OR	ER'S NAME COMMITTEE OF PRINT)	harles F	Accident	Suicide nell, N	MD PP	Undetermined monner	DATE SIGNED 29	/d

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8	1.00	FOR STATE REGISTRAR CEASED NAME	FIRST		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		5 3	Ed
		E OR PRINT)	-	Joseph	GRIFFITH	Sr.	A51	October 30		AY YEAR	26 HOUR 5:00
1	1.66	Male		RACE White		S. DATE C	9, 1909 YEAR	6, AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24
y	a. B	IRTHPLACE (STATE OR FO		USA		MARRIE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY C Baltimore	R COUNTY		
57		Rossville 2		Frank	HOSPITAL, NURSI	lospita	OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b KIND O	ard 0
25	13a	AL RESIDENCE (IF NURSIN STATE Maryland	Balt	imore	SSEX	1221	13d. INSIDE CITY LIMITS?	13. 2000 Mià	dlebor	ough R	d.
30	14 F	ATHER'S NAME FIRST Josep	h W.	[©] Griff;	th LAST	T's	15. MOTHER'S MAIDEN NAM	WE	1-3-10	LAS	
medica	16a. \	WAS DECEASED EVER I		MED FORCES? WAR OR DATES)	215 07		Natalie Grift	fith, Wife		me	
injury, or other	NOI	gave rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNI	the last.	(c)_	R AS A CONSEOU		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
yno swor	CERTIFICATION	190 DATE OF OPERATI	ON	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? YES ₩ NO□	IN CERTIFY	WERE FINDING CAUSES	OF DEATH
Item 18 st	MEDICAL CER	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEAT	Ρ.,	M. MONTH D M.	AY YEAR	21e. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT OR PART 2)	
orked or	MED	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	E []	21e PLACE	OF INJURY BEET, FACTORY OFFICE.	FARM ETC)	21F LOCATION STREET	CITY OR TO	NW	COUNTY	st
21 is mo		22a.1 certify that X (saw the deceased above. (we) (di	this hospital alive on divided	10/30	e deceased from	10/ 30 , an	d that in (aur) opinion o	, to10/30 leath occurred on the d	ate and hour	and from the	that 🚾 (w
T: #		22b. SIGNATURE	6	Pul	du	Al	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		22c. DATE	SIGNED
IMPORTANT		22d PHYSICIAN'S NA/	ME TYPE OR				9000 Frankli	n Square D	r., 21	237	
5		BURIAL, CREMATION, R		11/3/	On the second		EMETERY OR CREMATORY Heart of Jesu	23d LOCATION		COUNTY Md.	51
_ ,		THE HAZING BOOK		1	dren	-		REC'D. BY REGISTRAR		and the same of	mar .

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ATTENDING

HOSPITAL

BP.

DHMH - 16 50M 1/8I (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

STATE OF MARYLAND

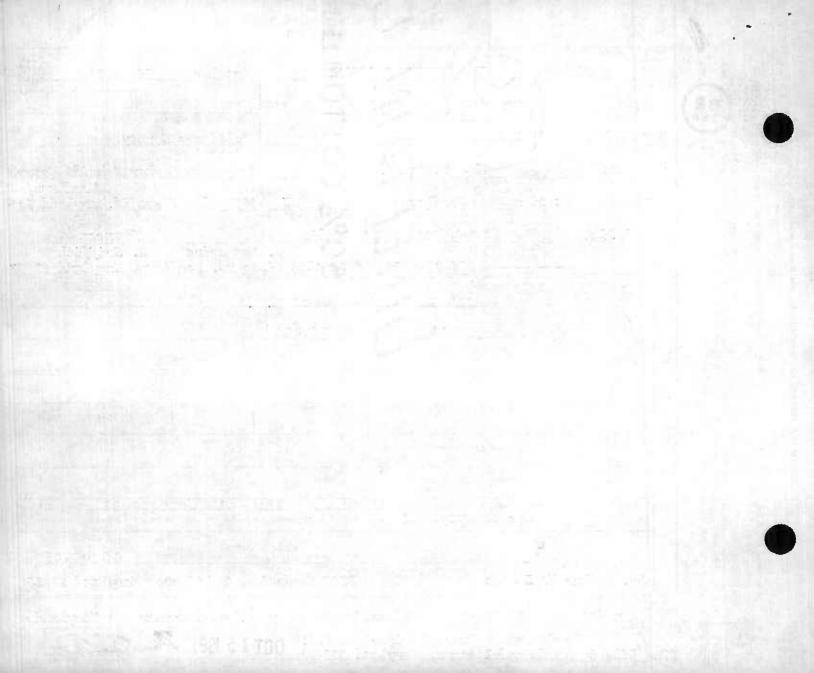
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

ECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 126 HOUL

					REG. N	()		
TIAN	ECEASED NAME FIRST	WIDDIE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	PE OR PRINT) William	n James	Gri.	ffith	October	71	1981	1
3. SE		4. RACE	5. DATE C	V. 4V	6 AGE (IN YEARS LAST BE		FUNDER I YEAR	IF UNDER 24
	Male	Caucasian	Sont	ember 29, 190	8 73		ONINS DATS	HOURS
7a B	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	NTRY? 8		9 BALTIMORE CITY C	OR COUNTY	OF DEATH	
	ew York	U.S.A.	MARRIE	DEVER MARRIED DIVORCED				
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			Baltimore			OF BUSINESS
W	oodlawn	2008 Alto Vis			TYPE OF WORK FOR MOST		INDUSTRY	
JUSU	JAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)		Body Shop	worker		
	ryland Bala	101. 011		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	TT		odlawr
	ATHER'S NAME	timore Woodi	iawn	YES NO X	2008 Alto	Vista.	Rd.Mar	yland
	FIRST	MIDDLE LAS		FIRST	WIDDLE	77-51	LA	51
144)	William WAS DECEASED EVER IN U.S. A	Griffi		Sadie	4000		ompsor	
1	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	L SECURITY NO.	17 INFORMANT Mrs.			Griff	ith
7	no	214-03	3-6355	2008 Alto Vi	sta Rd. Wood	dlawn,	Maryl	and 21
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one cause per line far (a),	by, and (cs.)				BETWEEN	MATE INTERVA
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1	a ·
ICATION								
UL.	19a. DATE OF OPERATION	198 CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	ING CAUSES	
CERTIFICATIO	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Totals.	N WAS PERFORMED	YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
CERTIFI	₹10, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR		YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
CERTIFI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH 4ER) P.M. 216. PLACE OF INJURY	H DAY YEAR	21c. HOW INJURY OCCURI	YES NO RED (ENTER NATURE OF INJU	IN CERTIFY YES RY IN ITEM 18 PAR	ING CAUSES	OF DEATH?
UL.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURI	YES NO	IN CERTIFY YES RY IN ITEM 18 PAR	ING CAUSES	OF DEATH?
CERTIFI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY WELLE AT WORK	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY O	H DAY YEAR 19 DEFICE, FARM, ETC.)	21c. HOW INJURY OCCURI 21d LOCATION STREET	YES NO	IN CERTIFY YES RY IN ITEM 18 PAR	COUNTY	NO STAT
CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY WHILE AT WORK 220.1 certify that (1) (XIXIX)	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY O	H DAY YEAR 19 DEFICE, FARM, ETC.) From6MA.)	216 HOW INJURY OCCURI	YES NO CITY OR TO	IN CERTIFY YES RY IN ITEM 18 PAR	COUNTY	NO STAT
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CERTIFI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY AREDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY AT WORK 22a.1 certify that (1) (***) saw the deceased clive; above. (*) Service (did	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY O	H DAY YEAR 19 DEFICE, FARM, ETC.) from 6 MA1 1981	21t. HOW INJURY OCCURI 21t LOCATION SIREET RCH , 19 78 and that in (my) (XXxopinion DEGREE	YES NO RED (ENTER NATURE OF INJUINATION TO 14 OC death occurred on the discount of the discoun	IN CERTIFY YES RY IN ITEM 18 PAR TOBER ate and haur	COUNTY 9 8 1 and from the	STAT that (I) XX causes states
CERTIFI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOT BY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (K) (X) saw the decased alive abave, (1) (x) (x) (x) (x) (x) (x) (x) (x) (x) (x	216. TIME OF INJURY HOUR A.M. MONTH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY O	H DAY YEAR 19 DEFICE, FARM, ETC.) from 6 MA1 1981	21t. HOW INJURY OCCURION 21t LOCATION STREET RCH 19 78 ad that in (my) (\$7 Topinion DEGREE ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE OF INJUING CITY OR TO 14 OC death occurred on the death occurred occurred on the death occurred occurred on the death occurred occu	IN CERTIFY YES RY IN ITEM 18 PAR TOBER ate and haur	COUNTY 9 8 1 and from the	STAT
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MEDICAL CERTIFI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY HOLD AT WORK 22a. I certify that (I) (N. 2008) Saw the deceased offer obave. (1) Contribution (1) Contr	218. TIME OF INJURY HOUR A.M. MONTH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY O 2000 Ottended the deceased for 1.2 AUGUST not view the body after death. Lebson	H DAY YEAR 19 DEFICE, FARM, ETC.) from 6 MA 1981 , on	21t. HOW INJURY OCCURION 21t LOCATION STREET RCH 19 78 ad that in (my) (**X***X**X**X**X**X**X**X**X**X**X**X**	YES NO RED (ENTER NATURE OF INJUINATION TO 14 OC death occurred on the displacement of	IN CERTIFY YES RY IN ITEM 18 PAF TOBER ate and haur	county 9.81 and fram the 220. DATE	STAT that (I) *** causes state SIGNED CTOBE
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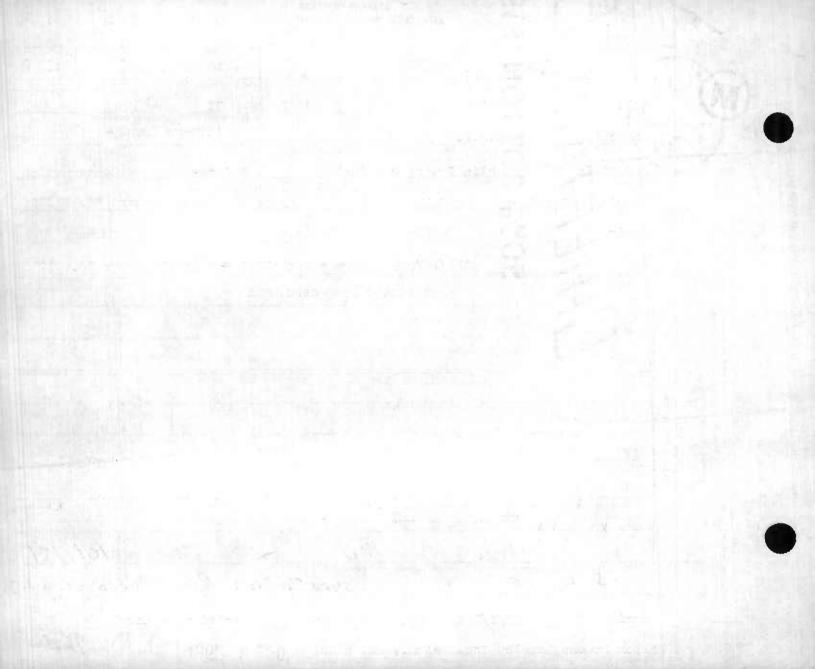


STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
CERTIFICATE OF DEATH								

8	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2	5 3	4 4
5		CEASED NAME FI		H. GRIFF		AST	October			26. HOUR 4:10 P
1	3. SE	X	4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT		JNDER I YEAR	IF UNDER 24 HRS
		Male	Whit	te	MONTH 9	5 1909	72	YRS	VIHS DAYS	HOURS MIN.
ZE	7a. B	IRTHPLACE (STATE OR FORE COUNTRY)	IGN 76 CITIZEN OF	WHAT COUNTRY?	1	NEVER MARRIED	Baltimore City o	R COUNTY OF		
1	10.0	Maryland ITY OR TOWN OF DEATH	U.S		WIDOWE	D DIVORCED DIVORCED	12a USUAL OCCUPATION			MD. F BUSINESS OR
51		Rossville	(IF NOT IN SUC	in Square	ADDRESS)		(TYPE OF WORK FOR MOST O		INDUSTRY	ruction
	มรับ	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				CONSE	ruction
35	130		county altimore	13c. CITY OR TOW Dundalk	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 8211 Peach	Orchar	d Rd.	21222
	14. FA	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME	OI OIIGI	.a mar	21222
30		Lewis	WIDDIE	Griffo		Lydia	WIDDIE		Unkno	
T		WAS DECEASED EVER IN		166. SOCIAL SECU		17. INFORMANT	ADDRE	SS	Ollitho	*****
	(YES, NO OR UNKNOWN) (III	FYES, GIVE WAR OR DATES)	214/16/9	399	Trudy Best:7	800 New Bat	tle Gro	ve Rd	. 21222
		18 CAUSE OF DEATH	nter only one couse per	line far (a), (b), and	dical	lung carcino	ma		BETWEEN C	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS	MEDIATE CAUSE (a)	metas	tatic	rung carcino	IIId			
		1629	DUE TO, O	R AS A CONSEQUE	NCE OF					
		Conditions, if ony, wh						- 7		
		couse (a), stating	. 1	R AS A CONSEQUE	NCE OF					
			(0)							
	Z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	3
2	CERTIFICATION	19a DATE OF OPERATION	N 196 COND	IDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES T		
5	ERT	216. ACCIDENT WAS UNDERLY				21c. HOW INJURY OCCURE			OR PART 2)	NO [
7		OR CONTRIBUTING CAUS	L OF DEATH	M. MONTH DA	Y YEAR					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	M. OF INJURY	19	211 LOCATION				
	¥	WHILE NOT WHILE AT WORK	[AT HOME STE	REET FACTORY, OFFICE F.	ARM ETC)	STREET	CITY OR TO	NN	COUNTY	STATE
		22a f certify that (Kith)			Sept	ember 30 ₉ 81	October	6 19	81	that K (we) last
		saw the deceased a	live on Octobe (da nat) view the body	r 6 19_	81_ , or	d that in (n) (our) opinion	deoth occurred on the do	ite and haur ar	nd from the	couses stated
		22b. SIGNATURE	Milne		N	ATTENDING PHYSICIAN P	MEDICAL STAF	F	22c DATE	SIGNED /
1		22d. PHYSICIAN'S NAME				22e ADDRESS	0 4	•	1	1
1		5. M	ilner	100		5400 Old C	ourt Rol	Rar	idalls	itoun 211
	23a. E	BURIAL, CREMATION, REA	AOVAL 23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	e	OUNTY	STATE
		Burial	10/9/	1981 Oa	k Law	n Cemetery	Baltimor		rland	JIMIC
1		UNERAL DIRECTOR		ADDRESS	-		E REC D. BY REGISTRAR	256 REGISTR	SIGNA	Weither
	W	alter Brooks	Bradley I	nc. Balto	., Md	. 21222 nr.	T 8 1981 }	pances	your!	MALION

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Brundzinski Funeral Home De 1407 Old Eastern Ave. DCT 22 1981

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DHMH - 16 50M 1/B1 (VRA 15, 4) REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

aj: e. 2, 1990 - 42- -C.K. Rossville 21:37 Franklin Co. Rospital ... | Drine Upsatter V Construction Pargiand initiacre Eidele Alver Rix So Colfridge Ha. 21214 BOON LARON 1991 - 494 C 2241 Long Unite, wife - Came

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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(VR A 15 (4))

REGISTRAR

REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS Elizabeth Haines Rose 6. AGE LIN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR IF UNDER 24 HPS DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE)
housewife INDUSTRY at home 3395 Poplar Drive LAST Clark 3395 Poolar Drive Florence Smrha Ellicott City. Md. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT COMMITTIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINANDISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (and opinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN burial 10/13/81 Druid Ridge Cem. Pikesville, Balto, Maryland 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 SLACK Funeral Home, Ellicott City, Maryland 21043

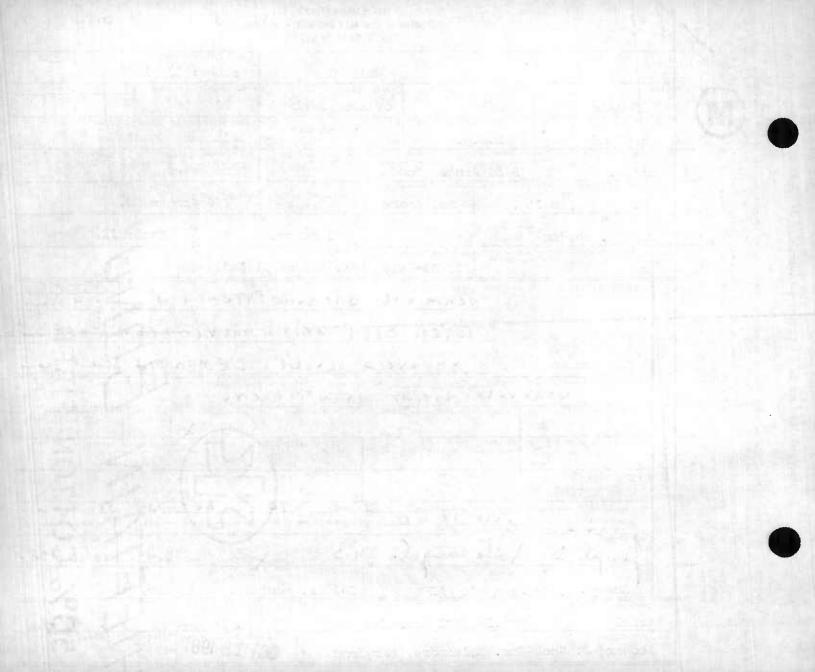
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

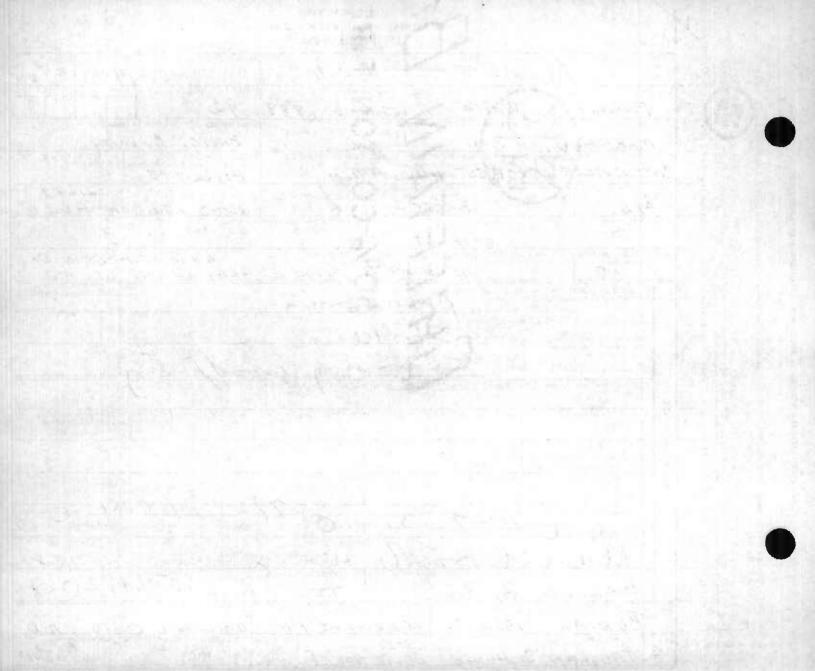
CERTIFICATE OF DEATH

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X	1.	FOR STATE REGISTRAR			DEPARTA	NENT OF H	FEALTH AND MENTAL HYG	IENE 8 1 2	: 5 3	4 9
-/		CEASED NAME	FIRST	7	MIDDLE	100	LAST		DAY YEAR	2h HOUR
decit 1		Hele	en		A	На	11	October 13, 19	81	М
	3. SE	X	1	I. RACE		5 DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
(税利)		Female		White		Nove	mber°30,1900	80 YRS.		MIL.
85	1	IRTHPLACE (STATE OR FI COUNTRY) Maryland		U.S.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OR COUNT Baltimore Coun		MD.
100		ITY OR TOWN OF DEA	TH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET NUMBER RO	ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOME Maker	12b. KIND O INDUSTRY	OF BUSINESS OR
filled in ould be	13a	AL RESIDENCE (IF NURS) STATE Md.	NG HOME OR C 13b COUNT Balt	Y	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltime	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 5680 Arnhem R	d.	
and 2 sh		ATHER'S NAME FIRST John L. Rho		IDDLE	LAST		15 MOTHER'S MAIDEN NAM Florence	MIDDLE	rill LAS	Te
Poges 1		VAS DECEASED EVER I		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	7	
		no	(11 123, 3112		220-05-7	616	Mr. Roland E	. Hall same	- 9	
g physicia onpopers. removol. event, the		18 CAUSE OF DEATH PART 1. DEATH W.	(Enter only AS CAUSED IMMEDIATE	BY:	line for (o), (b), one		BRONCHOL	PKEUMONIA	BETWEEN C	MATE INTERVAL ONSET AND DEATH
ove corb		Conditions, if ony,		DUE TO, OI	SENERE	DE	BILI-TATION +	MACNUARITIO	N Seve	ment
d by the ease rem ol, cremo		gove rise to imm cause (a), stating underlying cause		DUE TO, OF	A DUA	NCE OF	> SEVILE	DEMERTIA	Seve	l years
Then plant to burninjury, o	NO	PART 2 OTHER SIGN		DADITIONS CO	IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			CENCY		
hos been the permit.	CERTIFICATION	190 DATE OF OPERAT	10N	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTII	S, WERE FINDIN FYING CAUSES ES	OF DEATH?
g physic ertificate iol-trons intol Hyg fem 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)	
ter this of the burner of the	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 🗆	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
pital or TOR: Af for use of of Health		220.1 certify that (1) saw the decease abave, (1) (we) (d)	d alive an_	JULY	18 19 1	0 .	nd that in (my) (app) apinion of	ta		that (I) (we) last couses stated
RAL DIREC detached tote Dept.		22b SIGNATURE	D.	Nota	rangel	20		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED 4/198/
to FUNER should be o with the Sto		Joseph			lo MD		301 St. Paul	St. Baltimore,	Md	15"
BP		BURIAL, CREMATION, F (SPECIFY) BUrial	REMOVAL		,1981 Lor			23d. LOCATION CITY OR TOWN Baltimore	COUNTY	Wather
MH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR Leonard J.	Ruck	Inc. Ba	altimore,	Mary	land 250 DATE	T 15 1981.	RANGE	URE

DHMH - 16 50M 1/81 (VRA 15, 4)





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MARYLAND 21201	
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L RECORDS, 201 W. PRESTON ST.,	
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DIVISION	

		CEASED NAME FIRS	Clowney	L Lee	ANN A		MONTH DAY YEAR D 5 8/	26 HOUR 93
1)	3. SE	MALE	1. RACE	ASION	DATE OF BIRTH MONTH DAY YEAR 6 18 07	6 AGE LIN YEARS LAST BIR	MONTHS DAYS	
18	V	IRTHPLACE (STATE OR FOREIGN COUNTRY) Vest Virginia	76. CITIZEN O	F WHAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE CITY C	PRS. DR COUNTY OF DEATH	
1990	Ro	SSVILLE	MAN	OR CARE	NURSING CTR	170 USUAL OCCUPAT		OF BUSINE
adshin F	Mar		ME OR OTHER INSTITUTION OUNTY	I 31 CITY OR TOWN	134 INSIDE CITY LIMITS?		way North 21	221
430		ATHER'S NAME FIRST	Unknown		15 MOTHER'S MAIDEN NA	Unknown		AST
medico	160 \	VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	233-20-915		Same	ESS	E.
al, cremation, or rem or ather troumatic evi			DUE TO,	OR AS A CONSEQUENCE	of artin di	presention =	in far chion	
prior to burial any injury, or	FICATION	Conditions, if any, whice gove rise to immediate couse to its stating the underlying cause los	DUE TO, (b) DUE TO, (c) DUE TO, (d) DUE TO, (e)	OR AS A CONSEQUENCE OR AS A CONSEQUENCE CONTRIBUTING TO DEAT A the endoc	OF ATLL CH	AINAL DISEASE OR CON	DITION GIVEN IN PART I	INGS USED
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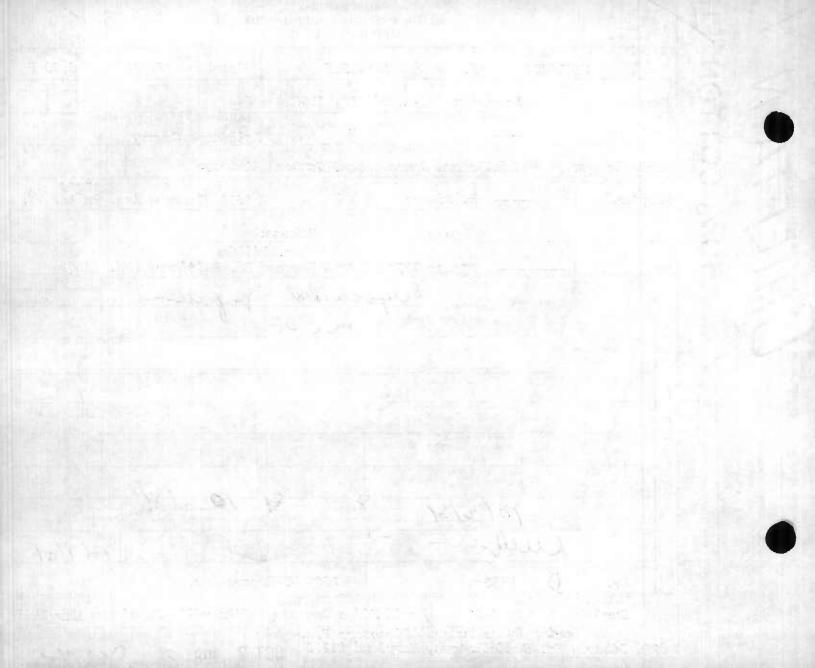
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Office of		TY OR TOWN OF DEATH		CH FACILITY, GIVE S	IRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Painter	ION	126. KIND O INDUSTRY Const	F BUSINESS OR ruction
AND 212	13a S	ALRESIDENCE (IF NURSING HOME TATE 138 COI		130 CITY OR Balti	BEFORE ADMISSION) TOWN LMOTE	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS	ount Ple	asant	Ave.
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TMORE, Thorses of executor on the forces of the forces of the forces of the force o			ARMED FORCES? GIVE WAR OR DATES)		7 1662	17. INFORMANT Albert J. Har		Balto		
DS, 201 W. PRESTON ST BE quires that the death cerufransigned by the ottending physhen please remove carbon personal, cremotion, or remove iury, or other troumatic e-entity	NO	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE US IN MEDI US IN MEDITALIS IN MEDI US I	DUE TO, O	RAS A CONSI	EQUENCE OF	OSCVI antono	Clarase OR CON	5 -	-	MATE INTERVAL INSET AND DEATH
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HOSPITAL OR inned by the hor FUNERAL DIRE wild be detached with Store Deptorement of the store of the sto		22h Shark AURE 1	Pare	18/50 2022	111	ATTENDING PHYSICIAN STREET PHYSICIAN STR	MEDICAL STA DIRECTOR PHYSIC		121. DATE 10/9	181
608 BP	230 B	URIAL, CREMATION REMOVA		12/81	231 NAME OF C	emetery or crematory wn Cemetery	23d LOCATION Ball Clinor	e Md.	OUNTY	STATE
DHMH-16 30M 2/80 (VRA 15, 4)		uzdzinski Func	eral Home	EX 14	07 Old 1		TE REC'D. BY REGISTRAR	256. REGISTRA	SIGNAT	Wathen

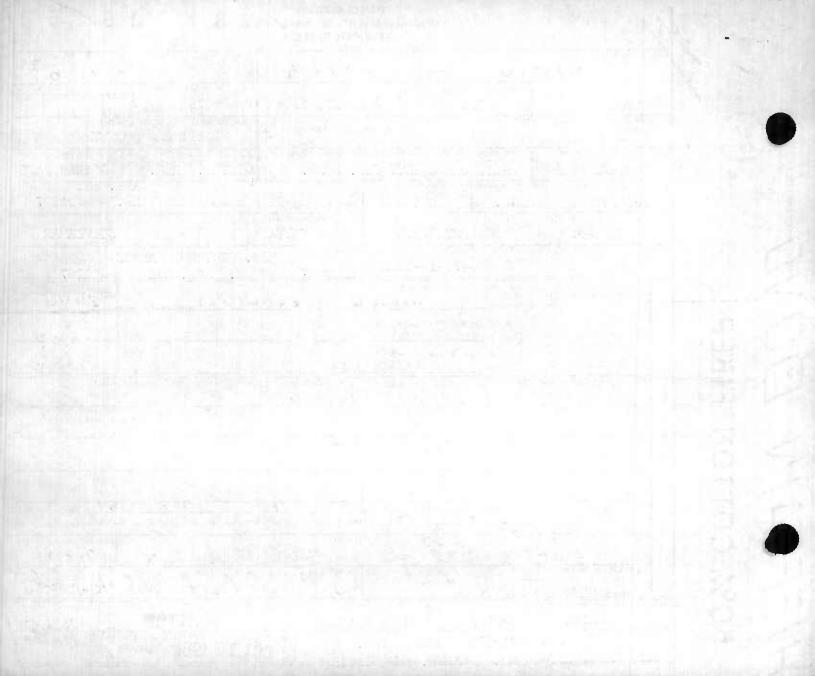
STATE OF MARYLAND

. 135-135-1 arianimathou rednie. 9(278)35 Leryland in the continue of the land of the land ave. orine hace 219 07 1552 wloort V. Thoson, Mechaw calto., 186. 2188 10/12/et | 10 m et | 10 m et | 101 By an efters of 1941 1 640 I could black typ

STATE OF MARYLAND



3/1	FOR STATE REGISTRAR	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH		2	5 3	5 4
	ECEASED NAME FIRST PE OR PRINT) MART	MIDDLE	H	ARRIS	REG. NO 20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 33
3 S		4. RACE WHITE	5. DATE OF	1	6 AGE (IN YEARS LAST BIRT		INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
NEW YORK		76 CITIZEN OF WHAT COUNTRY? USA	USA MARRIED KANEVER MARRIED WIDOWED DIVORCED			R COUNTY OF		м
55	RANDALLSTOWN	BALTIMORE COUN	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVES FREE LADDRESS GEN. HOSP.					F BUSINESS OF
35 130	MARYLAND 13b. COUR	ALTO. GIVE RESIDENCE BEFOR BALTIM	ÖRE	13d INSIDE CITY LIMITS? YES NO XX	130 6800 LTBE	RTY RD.	*. 612 #	21207
30_	ATHER'S NAME ISRAEL	MIDDLE HYMOVIT	Z	is. MOTHER'S MAIDEN NAM	MIDDLE		SILVĚ	RMAN
16a	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 476-14-3		MRS 6800 LIBERTY	S. GERTRÛDE RD., APT	^{SS} HARRIS 612	#212	07
troumotic event, th	PART I. DEATH WAS CAUSE	one couse per line for (o), (b), on D BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUI	HOCK	< REERA	CTORY.		APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
au o	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) S DUE TO, OR AS A CONSEQUI		10W1A			30	days
injury, or	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN	IN PART 110	
S shows ony injur	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES		
	210 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
n 21 is me	sow the deceosed olive on obove, (I) (we) (did) (did no	tol) oftended the deceosed from	61, ond	that in (my) (our) opinion d	to	te and hour or		hot (I) (we) los couses stoted
± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±	22b. SIGNATURE	Chilel		EGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F IAN X	22c. DATE S	S/SI
MPORTANI	Robanto T	Turnbul		Bultimon	o Courty	Shal	Hosp	ntal.
230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	10/11/81	CHIZUK		23d. LOCATION CITY OR TOWN BALTIM	ORE		ARYLAND
31	UNERAL DIRECTOR SOL	LEVINSON & BROS.	, INC.	25a. DATE	T 13 1981	PARESTRAF	SPACE	of latter



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 twith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumatic event, the

IMPORTANT: If Hem 21 is marked or Item 18 shows any

deoth. Page 4 may be

hotified of one

FOR - STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH					
PECEASED NAME	FIRST	MIODLE	LAST	2 a.			
	OLIVE	M. HARTRANF	T				

int to		-			
REG. N	10.				
2a. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR	
	10	/3/8	1	3:15	2

	1	· STATE REGISTRAR		CERTII	FICATE OF DEATH	REG. NO).		
		CEASED NAME FIRST	WIODLE		LAST		MONTH	DAY YEAR	2b. HOUR
	(1117)		IVE M. HARTRANFT	r			10/	3/81	3:15 a
	3. SE.	X	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT	HOAY)	MONTHS DAYS	IF UNGER 24 HRS
		Female	Caucasian		7. 29 1915	65	YRS.	MONTHS: DATS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNT	Y OF DEATH	
5	16	£00.	U.S.A.	WIDOW		Baltimo	re C	ounty	MD
-	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OCCUPATION	N	126 KIND O	F BUSINESS OR
6		Towson			dical Center	EQ.UITABLE	TRI	VST CO.	-CLERK
5	13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORTY		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	STO	20 Ra	00
	14. FA	ATHER'S NAME	TO TOTAL		15 MOTHER'S MAIDEN NA	ME	7	211 110	PILO
0	Ch	DRISS R	CARSE CAST	T	BSULON	WIDDLE		DRELL'AS	R
		VAS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORMANT	ADDRE	SS	UNZAZ	17
		YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES) 18307	6378	Family	RECOR	05		
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	nly ane cause per line far (a), (b), a	nd (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
				lyocar	dial Infarction	on	100		
		4100	DUE TO, OR AS A CONSEQU	UENCE OF					
		Conditions, if any, which	(b)						
		cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF						
		underlying cause lost.	(c)						
	N O	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITIONG	VEN IN PART 1(d	1
)	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED OF DEATH?
	RTIF					YES NO		ES 🔀	NO 🗆
2 1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PA			PART 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	19	21f. LOCATION			COUNTY	STATE
	ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TOV	٧N	COUNTY	STATE
			tal) ottended the deceased from	01	. 19 81	10/3	- ,.		that (I) (we) last
			t) view the bady after death.		nd that in (my) (our) opinion	geath occurred on the da	te and ha		
		22b. SIGNATURE -	11		DEGREE ATTENDING	MEDICAL STAF	F	22¢. DATE	SIGNED
		Lille L	10011-		PHYSICIAN [ANIX	10/	3/81

22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

21204 Balto. MD 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY PE DO.

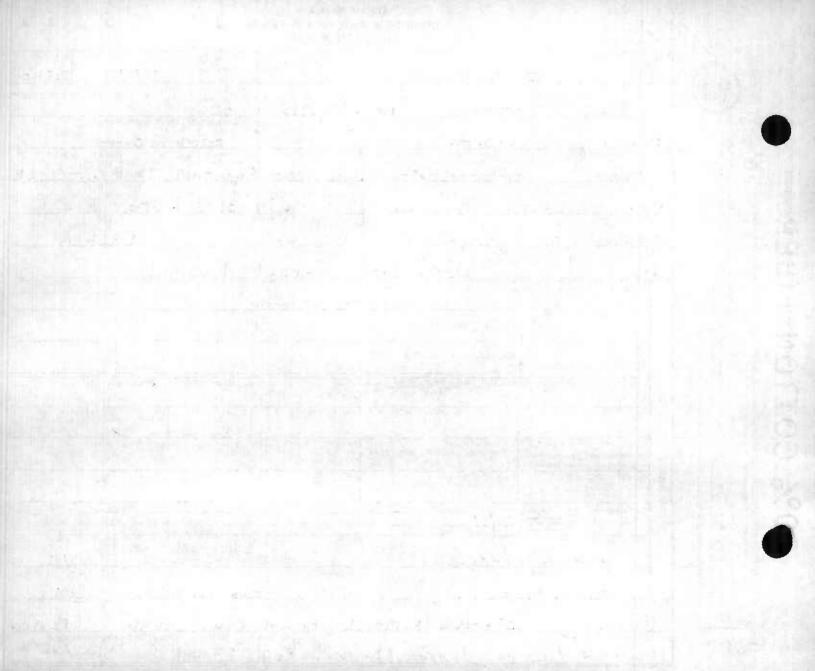
BP. DHMH-16 30M 2/80 (VRA 15, 4)

OR ATTENDING

etained by the haspital

24 FUNERAL DIRECTOR

256. REGISTRAP SIGNATURY Wather



DIVISION OF VITAL RECOR	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
O HOSPITAL OR ATTENDING PHYSICIAN: The low restrained by the hospital or ottending physician.	O HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 may etained by the hospital or attending physician.	МОМ
TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. T	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral aftering pages 1 and 2 should be filed within 7.1 and attended for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed within 7.1 are attended.	0.7

		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	
-			ice Ruth HARVEY		September	
(M	3. SE	[×] Female	A RACE Black	S. DATE OF BIRTH MONTH DAY MAY 14 1896	6. AGE (IN YEARS LAST BIRT	YRS.
35	1	RTHPLACE (STATE OR FOREIGN COUNTRY) rederick Co.MD	16 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NUDOWED X DIVORCED	Baltimore city o	County of DEATH
957		ITY OR TOWN OF DEATH	Franklin Squar	e Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE	
35		MD Ba	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW	YES NO X	13e. STREET ADDRESS 5517 Lloyo	d Avenue
D.33C		ATHER'S NAME FIRST George	Washingt		Matilda	Evans
e medicol		VAS DECEASED EVER IN U.S. AI YES, NOOR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 217–18–6		ADDRE 16Bride 5517	7 Lloyd Avenue APPROXIMATE INTERV BETWEEN ONSET AND B
troumotic eve		Conditions, if ony, which gove rise to immediate		left temporo-parie		cal
mir. Then please remove corbon, prior to buriol, cremotion, or remonjon, or other troumotic eve	CATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU (b) Extensive DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	left temporo-parie	orrhage	DITION GIVEN IN PART 1(0)
in perims. Their presser remove coroon in the prior to bursol, cremotion, or removes ony injury, or other troumotic eve	TIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (b) Extensive DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	Teft temporo-parie left temporo-parie ence of cerebral hemo	orrhage Inal disease or conf	DITION GIVEN IN PART 1(0)
Se de la	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (b) Extensive DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 176. TIME OF INJURY HOUR A.M. MONTH D.	Teft temporo-parie left temporo-parie ence of cerebral hemo	INAL DISEASE OR CONI	DITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
Shows	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEOU (b) Extensive DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 176. TIME OF INJURY HOUR A.M. MONTH D.	ENCE OF left temporo-parie ENCE OF CEREBRAL HEMO DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCCURI	INAL DISEASE OR CONI	DITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO RY IN ITEM 18, PART 1 OR PART 2)
tor use os the buriol-transit pe of Heolth and Mental Hygiene 21 is marked or Item 18 shows		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK 22a. Certify that M (this hosp saw the deceased alive or obove) of twe (did) (and a cooperative).	DUE TO, OR AS A CONSEOU (b) Extensive DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 1716 TIME OF INJURY HOUR A.M. MONTH D. P.M. 210. PLACE OF INJURY	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCCURI STREET SEPT. 4, 19 81 81, ond that in part (our) opinion	INAL DISEASE OR CONI 286 AUTOPSY? YES NO SEED (ENTER NATURE OF INJUR CITY OR TO:	DITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO RY IN ITEM 18, PART 1 OR PART 2)
Se en e		Conditions, if ony, which gove rise to immediate couse to), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTHEY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK OT WHILE AT WORK AT WORK 22a.1 certify that 16 (this hosp	DUE TO, OR AS A CONSEOU (b) Extensive DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET SEPT. 4 19 DEGREE ATTENDING	INAL DISEASE OR CONI 286 AUTOPSY? YES NO SEED (ENTER NATURE OF INJUR CITY OR TO:	DITION GIVEN IN PART 1(01 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO RV IN ITEM 18, PART 1 OR PART 2) WAN COUNTY ST 19 19 that W (we are and hour and from the causes stoles are also and hour and from the causes stoles are also and hour and from the causes stoles are also and hour and from the causes stoles are also and hour and from the causes stoles are also and hour and from the causes stoles are also and hour and from the causes stoles are also and hour and from the causes stoles are also and hour and from the causes are also also and hour and from the causes are also also and hour and from the causes are also and hour and hour and from the causes are also and hour and from the causes are also and hour and from the causes are also and hour and hour and hour and hour and from the causes are also and hour and h

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		CEASED NAME	FIRST		WIDDLE	l.	LAST	REG. N 2a. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	(TYPI	E OR PRINT)	WILMA	LUI	RLEEN	HATCH	HELL	October 1			7:51
	3 SE	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE		DER I YEAR	IF UNDER 24 I
1		Female		Whit	e	Octo	ber 13 1927	54	YRS	S DAYS	HOURS
4		IRTHPLACE ISTATE OR FO		76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D KKNEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH	
10		orth Caroli		USA		WIDOWE	DIVORCED	Baltimore	County		m
57	R	ossville 21	1237	11. NAME OF HOSPITAL, NURSING HOME C		OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINEST CO.				
35	13a. S	AL RESIDENCE (IF NURSIN	Balt	other institution TY Imore			13d INSIDE CITY LIMITS?	13.7415 ADG SENS	owder Rd	l.	2122
30	14 F/	ATHER'S NAME FIRS John	East	Pline LAST		15 MOTHER'S MAIDEN NAM	Ann	Van			
1	16a V	VAS DECEASED EVER II		MED FORCES? WAR OR DATES)	239 32 4		Margie Glease		er Balto.		
		18 CAUSE OF DEATH	1 Enter anl	y ane cause pe	r line for (a), (b), ar	id (ci)				APPROXIA BETWEEN O	NATE INTERV
	- 8.0	PART I. DEATH WA	IMMEDIATI	E CAUSE (a)	Acute Myo	cardi	al Infarction		10		
		1+1/37		_							
		1100		DUE TO O	RAS A CONSEQUE	ENCE OF					
		Conditions, if any,	which		Arteriosc			ılar Diseas	e		
		gave rise to imme	ediate	(b) _	Arteriosc	lerot	ic Cardiovascu	ılar Diseas	e		
			ediate	DUE TO, O	Arteriosc DR AS A CONSEOU	lerot	ic Cardiovascu	ılar Diseas	e		
		gave rise to imme cause (a), stating underlying cause	ediate g the last	(c)	Arteriosc DR AS A CONSEOU Bilateral	lerot ENCE OF Brone	ic Cardiovascu			I PART Lia	
	NOI	gave rise to imme cause (a), stating underlying cause	ediate g the last	(c)	Arteriosc DR AS A CONSEOU Bilateral	lerot ENCE OF Brone	ic Cardiovascu			IPART Ica	,
	CATION	gave rise to imme cause (a), stating underlying cause	ediate g the lost	DUE TO, O (c) 1 ONDITIONS C	Arteriosc or as a conseou Bilateral ontributing to	lerot ENCE OF Brone DEATH BUT	ic Cardiovascu		IDITION GIVEN IN	RE FINDIN	GS USED
1	TIFICATION	gave rise to imme cause (a), stating underlying cause PART 2 OTHER SIGN	ediate g the lost	DUE TO, O (c) 1 ONDITIONS C	Arteriosc or as a conseou Bilateral ontributing to	lerot ENCE OF Brone DEATH BUT	ic Cardiovascu chopneumonia	nal disease or con	IDITION GIVEN IN	RE FINDIN	GS USED
10	CERTIFICATION	gave rise to immediate to immediate to stating underlying cause PART 2 OTHER SIGNI 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDER	ediate the lost IFICANT C	DUE TO, O ONDITIONS CO 196, COND 216, TIME C	Arteriosc OR AS A CONSEOU Bilateral ONTRIBUTING TO DITION FOR WHICH OF INJURY	lerot ENCE OF Brone DEATH BUT	ic Cardiovascu chopneumonia	NAL DISEASE OR CON 200 AUTOPSY? YES M NO	IDITION GIVEN IN 206 IF YES, WER IN CERTIFYING YES	RE FINDING CAUSES (GS USED OF DEATH
19		gave rise to immercause (a), stating underlying cause PART 2 OTHER SIGNI 190. DATE OF OPERATI 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA	ediate the lost IFICANT C ION ERLYING AUSE OF DEAI	DUE TO, O Cc)	Arteriosc OR AS A CONSEOU Bilateral ONTRIBUTING TO DITION FOR WHICH OF INJURY .M. MONTH D.	lerot ENCE OF Brone DEATH BUT OPERATION	ic Cardiovascu chopneumonia NOT RELATED TO THE TERMI	NAL DISEASE OR CON 200 AUTOPSY? YES M NO	IDITION GIVEN IN 206 IF YES, WER IN CERTIFYING YES	RE FINDING CAUSES (GS USED OF DEATH
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19	MEDICAL CERTIFICATION	gave rise to imme cause (a), stating underlying cause PART 2 OTHER SIGN. 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDER OR CONTRIBUTING (IF EITHER NOTIFY MEDICA)	IFICANT C	DUE TO, OO (c) 1 ONDITIONS CI 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE	Arteriosc DR AS A CONSEOU Bilateral ONTRIBUTING TO DITION FOR WHICH OF INJURY M. MONTH D. M.	PEROTE Brone DEATH BUT OPERATION AY YEAR 19	ic Cardiovascu chopneumonia NOT RELATED TO THE TERMI	NAL DISEASE OR CON 200 AUTOPSY? YES M NO	206 IF YES, WER IN CERTIFYING YES	RE FINDING CAUSES (GS USED OF DEATH NO
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STATE OF MARYLAND

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Pages 1 and 2 should be filed

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

HYGIENE	8	

5

134 LOCATION
Baltimore, Maryland

Γ.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		
	PECEASED NAME	FIRST		AIDDLE	-	AST *	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	OR PRINT!	Mary	J	osephine	H	lawkinson	October	: 17,	1981	3:15 F
3. 9	SEX		4 RACE		S. DATE C		6 AGE IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
L	Female		White		Sept	ember 19,192	8 53	YRS	VINS DATS	HOURS MIN.
Za.	BIRTHPLACE (STATE	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 *** A P.D.I.S	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	Hall die
I	Pennsylva	ania	USA	A	WIDOWE		Baltimor	e Cour	nt sz	MD.
	CITY OR TOWN OF			OSPITAL, NURSIN		OR OTHER INSTITUTION	128 USUAL OCCUPATION			
1	ockeysvi	-	1	ine Bark		rt	Secretaria	1	Cleri	Spice Co
130	UAL RESIDENCE (IF	NUR ENGINE OF OUR	WHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMITS?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
N	Tevada			Sparks		YES NO X	Box 2010,	Spark	s, Nev	. 89431
14	FATHER'S NAME		MIDDLE	EAST		15 MOTHER'S MAIDEN NAM			LAS	
	Hugh			Ferry		Mary	WIDDLE	Mora		1
160	WAS DECEASED E		MED FORCES?	166 SOCIAL SECU		17. INFORMANT Husb				He, Md.
	NO OR UNKNOWN	(# 123. 014		179-22-	7958	Donald A. H	awkinson, l	06 Pin	e Bar	k Ct.
	18 CAUSE OF DI	EATH (Enter an	ly one couse per	line for (a), (b), and	d (c1.)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PARTI. DEAT	H WAS CAUSE IMMEDIA	E CAUSE (0)	Auchst	ICH					
	1830		DUE TO, OF	AS A CONSEQUE	NCE QE					
	Conditions, if		(b)	OVAIN	w CC	ver				
	gove rise to couse (a), st	toting the	DUE TO, OF	AS A CONSEQUE	NCE OF					
	underlying co		((c)_							
z	PART 2. OTHER S	SIGNIFICANT	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONT	ITION GIVEN	IN PART 110	>
CERTIFICATION	190 DATE OF OPE	DATION	IN COURT		0000.710			r		
FICA	196 DATE OF OPE	EKATION	196 CONDI	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN		
ERTI	21g. ACCIDENT WAS	HINDERLYING F	1 21b. TIME OI	INTUIDY		In How hillipy occurs	YES NO	YES [ио 🗌
	OR CONTRIBUTING		110110 1	A. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	EU (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY /		21e. PLACE (19	211 LOCATION				
ME	WHILE NO	T WHILE		EET, FACTORY, OFFICE, FA	RM_ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		WORK	1-1) - 11 d- d 4b-	4		1				
-			() view the body	deceased from	.01	nd that in (my) (our) opinion o	tenth accurred on the do			that (I) (we) last
	obove, (I) (w)	or biblibid no	ri view the body	ofter death		DEGREE		10 0110 11001 01	22c DATE	
	-///	1/10/	MMAN	MM M	D.	ATTENDING _	MEDICAL STAF		ZZ DATE	SIGNED
1	224 PHYSICIAN	THAME ITUES	a Fillian	V 4 (141.		PHYSICIAN L	DIRECTOR PHYSIC	IAN []		
		B Doo	enshein	M. D.			na Hoanita	1 D	d	De 146
1	METT.	D. RUS	cuantin	IVI. D.		Johns Hopk	ıns nospita	I, Droa	uwav	. Daito.

23¢ NAME OF CEMETERY OR CREMATORY

Westview Crematory Timonium, Md. 250. DATE

BP

should be detached for use as the burial-transit permit. Then please remave c with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If them 21 is marked or Item 18 shows

230 BURIAL, CREMATION, REMOVAL

Cremation

24 FUNERAL DIRECTOR

236. DATE

10/20/81

Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padoniac

TO FUNERAL DIRECTOR: After this certificate has been

HOSPITAL

DHMH - 16 50M 1/B1 (VRA 15, 4)

Figure 1882 The page The Country of Total . Indon shall in all the said of the parties of 1. 11 Page 201 - 15-11 Day 11 Page 201 1 Pag Shankara are and I will be will be also a long to the contract of the contract

STATE OF MARYLAND

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STATE OF MARYLAND

PRO: S. FARE PAGE WEST ONES TO SOURCE IN MOUSE TO SEE HTO. MOLYCRATH Total control at 84 122 1 1 29 14 10

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH 2b HOUR OCTOBER 31, 1981 8:30P N

- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

3. SEX

LEAH

HERLING 4. RACE

5. DATE OF BIRTH

WIDOWED X

APRIL 15, 1895

& AGE (IN YEARS LAST BIRTHDAY) 86

IF UNDER I YEAR IF UNDER 24 HRS

FEMALE To. BIRTHPLACE ISTATE OR FOREIGN

WHITE 76. CITIZEN OF WHAT COUNTRY?

USA

MARRIED NEVER MARRIED

9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY

126 KIND OF BUSINESS OR

10 CITY OR TOWN OF DEATH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 6930 MARSUE DR. APT.1-A (21215)

DIVORCED .

TYPE OF WORK FOR MOST OF WORKING LIFE HOME

BALTIMORE CITY

MARYLAND

BALTIMORE

15 MOTHER'S MAIDEN NAME

STREET ADDRESS 13d INSIDE CITY LIMITS? 6930 MARSUE DR. APT. 1A (21215)

HOUSEWIFE

14 FATHER'S NAME

MARYLAND

UNKNOWN

166 SOCIAL SECURITY NO.

17 INFORMANT

FIRST

UNKNOWN

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES)

063-07-6375 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic

RAY HERLING

2426 LIGHTFOOT DR.

Conditions, if any, which gove rise to immediate cause 10), stoting the underlying couse lost.

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

216 TIME OF INJURY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

IN CERTIFYING CAUSES OF DEATH? NOXX

206. IF YES, WERE FINDINGS USED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

190 DATE OF OPERATION

21a ACCIDENT WAS UNDERLYING

HOUR A.M. MONTH DAY YEAR P.M

21e PLACE OF INJURY

211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM ETC.)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

20a AUTOPSY?

CITY OF TOWN COUNTY

NOT WHILE 220.1 certify that (Chis haspital) attended the deceased from

DEGREE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

3635 Old Court

22c. DATE SIGNED

BURTAL

CERTIFICATION

S. H. MACINON 230 BURIAL, CREMATION, REMOVAL 236 DATE

22d PHYSICIAN'S NAME (TYPE OF PRINT)

231 NAME OF CEMETERY OR CREMATORY ARLINGTON CEMETERY

BALTIMORE, MD

DHMH - 16 50M 1/B1 (VRA 15, 4)

d be

per tronsit p

00

24 FUNERAL DIRECTOR

(21215)

11 - 2 - 81

11 - 12 No 1

/	1.	FOR STATE			DEPAR	TMENT OF	E OF MARTLAND REALTH AND MENTAL H	YGIENE 8	l	25	5 6 3
7		REGISTRAR					ICATE OF DEATH		REG. NO.		
79.0		ECEASED NAME	FIRST		MIDDLE		LAST	2a DATE C	OF DEATH MONTH	DAY YEAR	26 HOUR
1	_		Edith	М.		Hodg			per 1, 198		٨
)	3. SE			4 RACE		5. DATE			YEARS LAST BIRTHDAY)	MONTHS DAYS	
	70 B	Female	I CORE (CA)	Whit	WHAT COUNTRY		y 17, 1895°	86	ORE CITY OR COUN		
:35	M	laryland		U.S		MARRIE	D NEVER MARRIED DIVORCED		imore Cour		MI
OVerdied		Timonium		2307 P	otspring	Rd.	OR OTHER INSTITUTION	(TYPE OF WO	OCCUPATION PREFOR MOST OF WORKING Maker	G LIFE) INDUSTR	of BUSINESS OR yn Home
35		lat residence (IF NUF STATE [aryland		other institution MTY imore	13c CITY OR TO Timoni		13d. INSIDE CITY LIMITS?	13e STREET 230	ADDRESS Potsprin	ng Road	
1830	14 F/	ATHER'S NAME David		WIDDIE	Tyler		15 MOTHER'S MAIDEN N Martha		MIDDLE	Gray	AST
dico		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17 INFORMANT		ADDRESS		
e me		No			215-07-	·0142D	Mr. John A	lbert	Hodges Ca	arney, M	
r other troumotic event,		PART I. DEATH V Conditions, if any gave rise to im cause (a), stati underlying cause	MAS CAUSE IMMEDIA , which mediate ng the	D BY: E CAUSE (a) DUE TO, C	OF AS A CONSEQ	UENGE OF	uin A	thero	selero	m	DAMATE INTERVAL NONSELAND DEATH
injury, o	NO	PART 2 OTHER SIG	NIFICANT	CONDITIONS	n is a	DEATH BY	NOT RELATED TO THE TER		SE OR CONDITION (GIVEN IN PART I	101
Suo 2	CERTIFICATION	10/1	EUC .	,	7 7	HOPERATIO	N WAS BERFORMED	20a AUT	NO ER	YES, WERE FIND RTIFYING CAUSE YES	NO [
ltem 18 s	MEDICAL CE	OR CONTRIBUTING [CAUSE OF DE) / P	.m. MONTH	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTERN	ATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
orked or	MED	21d INJURY OCCUR		21e. PJACE	OF INTURY PRICE	E HALETC)	21f. LOCATION STREET	oper	CITY OR TOWN	COUNTY	STATE
121 is m		saw the deced	sed alive on	SCOT	19	(2 11 L	nd that in (my) aur) apinio	n death accurr	ed an the date and I	_/19 // 1	that (1) (we) last ie couses stated
ANT: # fren		224 SIGNATURE,	AMERICA	XON	Cast	9	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	DIRECTO	STAFF PHYSICIAN	78/	1/81
MPORTANI		Ronald L.	Broa	dwater,	Sr. M.D.)	Hunt Medic	al Cen	ter, Suite	e 110	
3	230	BURIAL, CREMATION		23b DATE	230	. NAME OF C	EMETERY OR CREMATORY	23d. LOC	ATION	COLINIA	STATE
-		Burial		Oct.5,	1981		ood Cemetery		ltimore Co		
/81	74 F	UNERAL DIRECTOR				1050	lork Rd. 25m	ATT RE D. BY	REGISTRAPES REG	ISTRAR'S SIGNA	240

Ruck Towson FuneralHome, Inc. Towson, Md. 21204

DHMH - 16 50M 1/81 (VRA 15, 4)

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH SOLID STATE SOLID SOL	11/	-	FOR			EDADTA			ARYLAND		Sievie I		2 5	3 6	.1
DECEASED PLANE (FAST MARKED MARKED	4	1-	STATE								46	BEC N	-	2 0	
TEMPER WHITE 100 MAY 199 37 ms 100 ms 20	Banke		CEASED NAME			WIDDIE		Ho	dsho	n	OF	KNOWN F	-	9.81	26 HOUR
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13. STATE MOL. 13. CITING TOWN 13. CITING TOWN 13. STATE ADDRESS Rd 21.8 18. STA	M 17	FC	DREIGN COUNTRY	7b. C	CITIZEN OF WH	AT COUN	TRY?	MARRIE	-		9. BALTIA	MORE CITY O	-	OF DEATH	MD
13. STATE MOL. 13. CITING TOWN 13. CITING TOWN 13. STATE ADDRESS Rd 21.8 18. STA	PAGE BE FILED SS, 201 V		Balto C	0.	HO I Y	ILITY GIVE ST	REET ADDRESS)	anon		DN 12	FOR MOST OF WO	RKING LIFE)	PE OF WORK 12h	OR INDUST	ISINESS
THE CAUSE OF DEATH (Enter only one couse of fine for (o), Dish, ond Jins 1982 1982	21201 P ANY D AND 3 I RETAIN HOULD I	13a S	TATE .	COUNTY	ER INSTITUTION, OV	13c. CITY	OR TOWN	N)	and.			- 11	d 21	218	
ACTUAL SIGNATURE SIGNED	RE, MD. DEATH. II DEATH. I	2	FIRST						FIRS	T	NAME			LAST	
ACTUAL SIGNATURE SIGNED	ALTIMO ALTIMO SIVE PAGES 1 TH FORM AGES 1 VISION O	16a V	ES, NO, OR UNKNOWN) (I	U.S. ARMED F IF YES, GIVE WAR O	FORCES? OR DATES)						SENE			s R.I. 2	1218
ACTUAL SIGNATURE SIGNED	, 201 W. PRESTON ST., I CUTED WITHIN 24 HOUR! I'N PENCIL IN ITEM 18. EXAMINER ALONG WI RIAL - IRRANIT PERMIT. ID MENTAL HYGIENE, DI ION, OR REMOVAL.		Canditions, if on gave rise to in couse (a) stating the lying cause lost.	S CAUSED BY: MMEDIATE CA y, which nmediate he under-	AUSE (o) DUE TO, OR A DUE TO, OR A	AS ACON	SEQUENCE O	F	leger Reger	10	ufa VA \$50	le To		Style	AND DEATH
ACTUAL SIGNATURE SIGNED	L RECORDS ULD BE EXE "PENDING" "PENDING" ED AS A BUTH AN HEALTH AN	ATION									(g .			20 AUTOPSY?	,
ACTUAL SIGNATURE SIGNED	VITA SECULIA	Ĭ													NO 🗌
ACTUAL SIGNATURE SIGNED	ION OF THEICATE IG THE WE HOULD B PARTMEN		UNDERLYING OR CONTRIBUTING CA	RAUSE OF DEATI	HOUR A.M. P.M.	MONTH	19			CCURRED	ENTER NATURE OF IT	JURY IN ITEM 18	PART 1 OR PART 2)	
SIGNATURE SIGNATURE SIGNATURE SIGNATURE EXAMINER'S NAME (ITYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE (ITYPE OR PRINT) PHMH-17 (VR A15 ME (5)) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 10/9/81 23c. NAME OF CEMETERY OR CREMATORY PREMOVAL 21 FUNE (SIGNATURE Anatomy Board Balto., Md.	DIVIS THIS CER WARDED PAGE 3 S TATE DEF	MEC	WHILE NOT W	HILE							CITY OR TO	OWN	COUNT	Y	STATE
BP	EDICAL TETHE NA SHO NERAL WORE,		ACTUAL SIGNATUE			Accident					Indetermined m	onner .	DATE	10 fg	81
BP Removal 10/9/81 DHMH-17 (VRA15 ME(5)) Anatomy Board Balto., Md. Property of the prop	TO A EXEC PAGI AFTE BALTE	23a. E	URIAL, CREMATION, REA	MOVAL 236. DA	ATE	23c. N	IAME OF CEM	ETERY OF	CREMATOR	Υ 1	3d. LOCATION		COUNTY		AYE
OHMH-17 (VR A15 ME (5)) Anatomy Board Balto., Md.	BP		Removal	10	0/9/81							4.7	0	11,	AIE
		-	NAME	rd	Balto.	Md.			25	W.T.	0 0 1561°	AR JOHNSES	M MANGESTON	MATURE	

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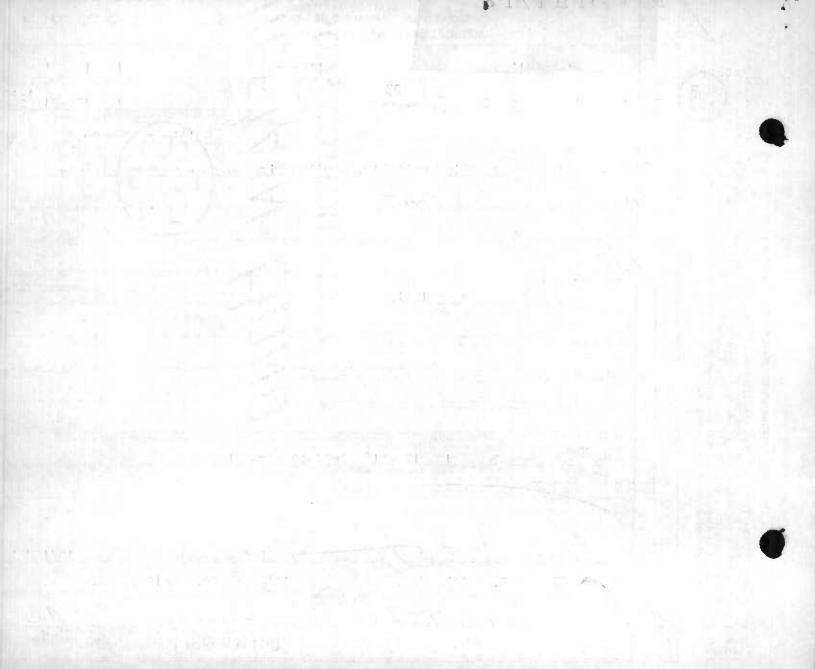
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Female Black	: 1	■ STATE	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG		3 6 5
Jacqueline Jacque	D	REGISTRAR MEDICA		KEG. NO.	
SEX				20. DATE KNOWN A MONTH	DAY YEAR 25 HOUR
Female Black	2438	Jacqueline		DEATH MATED []	1719 81 M
As BRITHERE COUNTY OF COUNTY OF CAN'D TO CONCECUSION TO CONC	PER PE	MONTH DAY YEA	6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 H	DEAD	14 110011
TORGOTOCOMON TORG		70. BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT CO	DUNTRY?	A BALTIMORE CITY OR COUR	
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216. EXTERNAL CAUSE WAS UNDERLYING QOR CONTRIBUTING QOR CONTRIBUTION QOR CONTRIBUTING QOR C	DRDS., 2 EXECU DING" DIOA" H AND	PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1	0	3
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BP BULLA 10-24-81 mt Ziou Cem Landeren County Mic	AMINER: T RTFICATE, D BE FORM RECTOR: P ITH THE ST RYLAND, 2	1.1 1.1	nt , Avicide , Homicide , U		opinion
BP BULLA 10-24-81 mt Ziou Cem Landeren County Mic	CAL EX THE CE SHOULD SH	SEGNATURE SHOW TO		MEDICAL EXAMINER SIGN	
BP BULLA 10-24-81 mt Ziou Cem Landeren County Mic	MEDICALE COLE	(TIPE OR PRINT)	ADDRESS		MD.
DHMH-17 DHMH-17 DHERAL DIRECTOR ADDRESS ADDRES		BURIAL 10-24-81	MT LIOU (RID X	And Soun	MIE YTHU
(VRAISME(5)) JOSEPH L. EUD 2222 WINGIN FIRE UUI 2 1901 CHARLES JULIANIA	O 80 / DHMH-17 (VR A15 ME (5))	NAME COSCOD L. PUS 252	Willoth the OCT	26 1981 Cornes	ean father



6xt	1-8	OR TATE EGISTRAR				IT OF HEAL	MARYLAND TH AND MENT CERTIFICAT		ATU	2	5 3	6 6
339	DEC	EASED NAME OR PRINT)	FIRST	L DATE OF BIRTH	MIDDLE	ŀ	IOOK	NDER 24 HRS.	20. DATE KNOWN OF ESTI- DEATH MATE		Texpes 17,90	P 26 HONE
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85848	TO	Y OR TOWN OF		JIF NOT IN SUCH FA	T. JOSI	EPH HC	SP.	Qua	WAL OCCUPATION MOST OF WORKING LIFE)	rål	OR INE	OF BUSINESS OUSTRY GSA
BALTIMORE, MD. 21201 S AFTER DEATH. IF ANY DE GIVE PAGES 1, 2, AND 31 TITH FORM PM 3. RETAIN PAGES 1 AND 2 SHOULD BISION OF VITAL RECORD INISION OF VITAL RECORD	SUAL 130. ST		136 COUNT	OTHER INSTITUTION, G	13c CITY OR T	OWN	13d. INSIDE CITY LIM	1757 130. STF	REET ADDRESS 934 STAF	RBIT	RD.	775
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RS AFTER DEATH, IF ANY DEATH, IF AND 3 WITH FORM PM 3. RETAIN T. PAGES 1 AND 2 SHOULD DIVISION OF MITH RECORD	(YES	AS DECEASED I	EVER IN U.S. ARM	AED FORCES?	166. SOCIAL S 215-16-		Agnes M		Same as			
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITHOR THE WORD "PENDIONG". IN PERCIL IN ITEM 18 MEDICAL EXAMINER ALONG "ES SHOULD BE USED AS A BURIAL - TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.		gave rise cause (a) st lying cause PART 2 DTHER SIGN	IFICANT CONDITIONS <u>C</u>	(c)		THE TERMINAL DIS	EASE DR (ONDITION GIVEN		ITUS I	W 14.	5+	The s
SHOULD DRD "PE CHIEF A E USED.	CERTIFICATION	190. DATE OF O	PERATION	19b. CONDI	TION FOR WHIC	H OPERATION	WAS PERFORMED?				20 AUTC	
DED TO THE WORD DED TO THE CIDED TO THE CIDED BE 3 SHOULD BE DEPARTMENT (OF PRIOR TO BUT)		210 EXTERNAL UNDERLYING CONTRIBUTING	prince		MONTH DAY	YEAR	HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN ITEM	A 18 PART 1 OR	R PART 2)	
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EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		death resulted	from Noture	e of the remains de	Accident .	Suicide	nomicide [Ty MEE	Inquiry , termined manner DICAL EXAMINER	and in my DAT SIG	TE Of 19	18/
PAGE PAGE AFTE BALTE	230. BU	RIAL, CREMATIC	ON, REMOVAL 23	b. DATE	23c. NAME	OF CEMETER	Y OR CREMATORY	123d T	Road Tows			STATE
DHMH - 17 /R A 15 ME (5)) 15M 2/80	24 FU	rial NERAL DIRECTO NAME ck Tows	OR	oct.22,19 al Home,	105	0 York	Road		Y REGISTRAR 25b. RI		S SIGNATURE	then.

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injury, or other traumatic event,

IMPORTANT: If them 21 is marked or them 18 shows any

	STATE OF M	ARYLAN	D
DEPARTMEN	T OF HEALTH	AND ME	NTAL HYG
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5

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		
10		CEASED NAME	FIRST		MIDDLE	· ·	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
H	(TYPE	OR PRINT)	MARY	EI	IZABETH]	HOPKINS	ОСТО	BER 8	, 1981	12 p. 1
	3. SE)	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	
1		FEMALE		WHITE		JUNI	E 14, 1882	99	YRS.	MONTHS	HOURS MIN.
		RTHPLACE (S	TATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	OF DEATH	
2		ARYLAN		USA		WIDOWE		BALTIMO	RE CO	UNTY	MI
	10 CI	TY OR TOWN	OF DEATH		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF OF WORK FOR MOST O			OF BUSINESS OR
0		TOWSO		PRESBY	TERIAN HO	OME O	F MARYLAND	HOUSEWIFE	WORKING	INDUSTRI	10
25	130 S	AL RESIDENCE TATE MD.	(IF NUR COUI	OTHER INSTITUTION,	13c. CITY OR TOWN	V	13d. INSIDE CITY LIMITS?	328 STRATE	FORD	RD.	
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		lA.	
0		RICHAI	RD L		ENCER		SARAH	WIDDLE		COOPER	
7		AS DECEASED	EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRE	DI	KIE DR.	
		NO			217-01-94	498	PRESBYTERIAN	HOME OF MD.	GE	ORGIA C	T. 21 204
	Z	gave rise cause (a), underlying	if any, which to immediate stating the couse lost.	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE AUTO	gestu nce of Lose		TAILUN NO 10 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16)Sev		04 5 (0)
2	CERTIFICATION	19a DATE OF	OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI	
7		OR CONTRIBUTIN	WAS UNDERLYING [IG CAUSE OF DE IFY MEDICAL EXAMINE	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR		Y IN ITEM 18.	PART 1 OR PART 2}	
	MEDICAL	21d. INJURY C	NOT WHILE AT WORK	(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		saw the	hot (I) (this hosp deceased alive or (we) (did) (did no	_ oct	deceased from 19 8	JA.	nd that in (my) (cor) opinion	death occurred on the do	te and had	19.8/ or and from the	that (I) (we) los causes stated
		22b. SIGNATU	RE OW	well.	2/ 4	0		MEDICAL STAF DIRECTOR PHYSIC		/ O-	-9-81
1		22d. PHYSICIA	J. Ven	ABLE	JR M	0	7215 701	ru M. B.	LT7 A	ron 1	1)

DHMH-16 30M 2/80 (VRA 15, 4)

FOR STATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23c. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEM.

23d. LOCATION
CITY OF TOWN
BALTIMORE

COUNTY

MD.

STATE

74 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

And the first continuous and the second Course pulmany ditters BOOK STANDARD STANDARD TO THE STANDARD Alternative of a Charles of the advantage of the - THE PART OF THE REST OF THE PROPERTY OF THE PARTY OF TH Item 8 g561 11/10/81 gj

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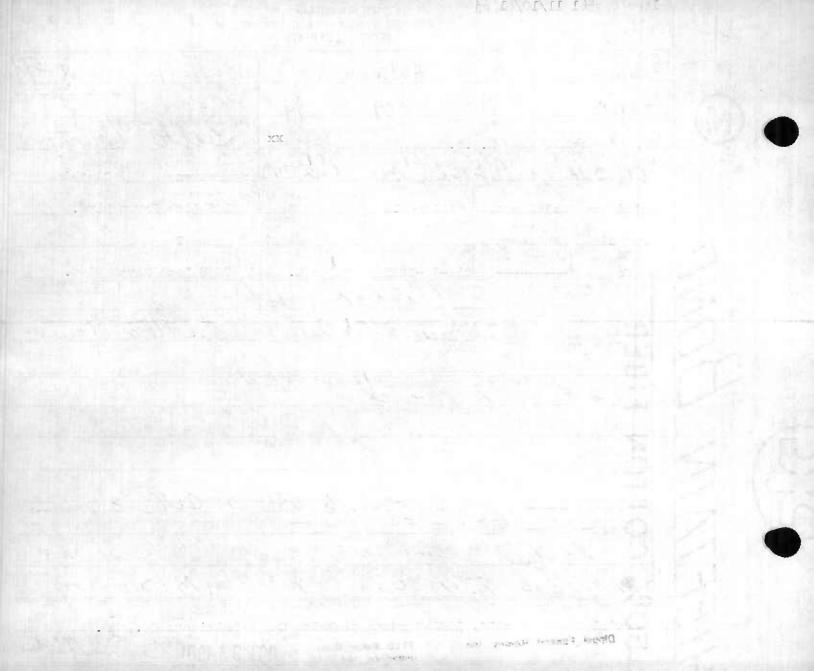
REGISTRAR

8305 Loch Raven Blvd. 8466 Loch Raven Blvd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ,, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 22c DATE SIGNED STATE Com Baltimore CO.
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATUS Wather 24 FUNERAL DIPOPEL Funeral Homes, Inc. DHMH - 16 50M 1/B1 ADDRESS 7110 Belair Road (VRA 15, 4) Baltimore, Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IN HOU



//	FOR			DEPARTMENT OF	HEALTH AND M	ENTAL HYGIEN	E 3	2 5	3 6	9
1	- STATE REGIS	RAR	ME		NER'S CERTIFIE			NO.		
	DECEASE		RST	WIDDLE	LAST		O DATE KNOWN		DAY YEAR	2b. HO
1	TYPE OR PRI		lliam	Edward	Unamalanas		OF ESTI-		9 1981	243
1.3	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN			2c. DATE	MONTH	DAY YEAR	2d. HOL
'n	ale	white	Mar. 22	1895 86	. Moiting DAIG	HOURS MIN.	PRONOUNCED DEAD	10	9 1981	543
	BIRTHPL	CE (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	19		BALTIMORE CITY	OR COUNTY		1
	FOREIGN C	yland	U.S.A.		WIDOWED TO	DIVORCED	15000	to Core	itn	
10.		TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOA	AE, OR OTHER INSTITU	TION 12a, USU	AL OCCUPATION (T		b. KIND OF BU	USINESS
	Wood:	lawn		ogwood Roa	,		OST OF WORKING LIFE)	1	OPINDUST	
US	UAL RESI	DENCE (IF IN NURSING	HOME OR OTHER INSTITUTION, O	GIVE RESIDENCE BEFORE ADMIS	SION)		penter		home B	Idg.
	STATE Maryl		lto.	Woodlawn	13d. INSIDE (NO 13e, STRE	ET ADDRESS L1 Dogwood	Road		
	FATHER'	NAME			IS. MOTH	ER'S MAIDEN NAME		Troca		
	Joh		MIDDLE T.	Humphrey		roline	MIDDLE	unkı	nown	
160	. WAS DE	CEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECUR			74.200R	atersv		oad
	no.	R UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	218 07 7	Bl4 Earl	E. Humphre		y, Mary		
		AUSE OF DEATH (En	ter anly ane cause per lin		- / -		U O W acdul	J J J .	APPROXIMAT	E INTERVAL
	P	KITDEATH WAS C.	AUSED BY:	4 5 0	2 V 29				BETWEEN ONSE	TAND DEATH
	8	1292		R AS A CONSEQUENCE	OF				1	
		anditians, if any,								
	C	ave rise to imme ouse (a) stating the <u>u</u>		R AS A CONSEQUENCE	OF					
	7	ing cause last.	(c)							
	PART 2	OTHER SIGNIFICANT CONO	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITIO	N GIVEN IN PART 1 (a).				
MOLENCATION										
147	19a. D	ATE OF OPERATION	19b. COND	ITION FOR WHICH OP	RATION WAS PERFOR	MED?			20. AUTOPSY	?
TIEL									YES 🔲	NO 🗆
		(TERNAL CAUSE W)		FINJURY M. MONTH DAY YE	21c. HOW INJURY	OCCURRED (ENTER N	ATURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2	2)	
AAEDIC AL	CONT	RIBUTING CAUS	E OF DEATH P.A	۸. 19			100			
ACDI	21d. IN	JURY OCCURRED	2 le PLACE STREET, FAC	OF INJURY (AT HOME,	21f. LOCATION STREET	part of the last	CITY OR TOWN	COUNT	TY	STATE
-	AT W	ORK AT WORK		,,				COOK		JIAIE
			charge of the remains de	scribed above held an	Autapsy .	Inspection 4	Inquiry (and in my apini	ian	
		(.)	Hatural causes 4		Suicide . Hami		rmined manner	and in my apim	No.	
	0.01	YNI	nai!	1.0		SPECIFY)	red manner	i e		, .
	ACTU SIGN.	ATURE ///	ruccu	Ray	MD	1-4	CALEXAMINER	DATE SIGNED.	10191	81
1			0 11.11	1	1	MEDI	2	SIGNED.	2	
Total Control	EXAM (TYPE	OR PRINT)	11100-1	1 AON SON	ADDRESS	5550VE	99450 N	RIL	Fike?	4225
230		REMATION, REMO	VAL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATO	ORY 23d. LO	CATION	COUNTY		YATE
	-	ial	10/13/81	Good Sh	epherd Cem.		icott City			land
24		LDIRECTOR	ADDRES			25a. DATE REC'D. BY	REGISTRAR 25b. REG	GISTRAR'S SIG	NATURE	
3	LACK	Funeral F	Tome . Ellicot	t City. Mar	vland21043	DCT 1	4 1001 7	inces	an las	There

STATE OF MARYLAND

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rs. Pages 1 and 2 should be completely filled

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

253

	REGISTRAR				CERTII	FICATE OF	DEATH	RI	G. NO.			
	CEASED NAME	FIRST	M. LEW	WIDDLE		LAST		20. DATE OF DEA		DAY YEAR	2b. HOL	JR
	C ON PRINT)	JOHN		T.	Н	URLEY.	JR.	200	10/1	8/81	53	D M
3. SE	Х		4. RACE			OF BIRTH		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
	Male		Whi	Lte	12	14	9 YEAR	71	YRS	MONTHS DATS	HOURS	MIN,
di. B	IRTHPLACE (STATE OR F	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A D D IE	D NEVER	MARRIED -	9 BALTIMORE C		OF DEATH		
	Maryland	i	U.S.	Α.	WIDOW		ONORCED [Bal	Ltimore	County		MD.
10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF I	HOSPITAL, NURSIN	G HOME (OR OTHER IN	STITUTION	120 USUAL OCC		12b. KIND	OF BUSIN	
	Catonsville			nit Nursi				Fireman		Balt	_	itv
USU 13a	AL RESIDENCE (# NURS	13b. COUN	OTHER INSTITUTION	13c. CITY OR TOW			CITY LIMITS?	13e. STREET ADDR				
	Maryland	Ba1	timore	Lansdown	ne	YES 🗌	NO 🔀		. Avenue	e 212	227	
14. F.	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER	R'S MAIDEN NA	ME			ST	1115
	John		Г.	Hurley.	Sr.	100,000	Margare			Wi	edne	r
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	<i>A</i>	DDRESS			
	NO			220-24-7	7729	Gary	Hurley	7815 E1	lenham H	Road 2	1204	
	18 CAUSE OF DEATH	H Enter or	ly ane cause per	line far (a), (b), and	d (c)					BETWEEN	XIMATE INTE	RVAL
	PART I. DEATH W		TE CAUSE (a)	L'a	cer	D	Calle	r C.	, I push	6 19	12	
	1539		DUE TO, O	r as a conseque	NCE OF							
	Canditians, if any,		((b)_									
	gave rise to imn cause (a) statin	ig the	DUE TO, OI	R AS A CONSEQUE	NCE OF							
	underlying cause	last.	(c)						220			
7	PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR	CONDITION GIV	EN IN PART 1	10	
CERTIFICATION	CA	dio	Resp	en gr	ile	M	made	to				
FICA	190 DATE OF OPERAT	1 ON	196 CONDI	TION FOR WRICH		N WAS PERF	ORMED	200 AUTOPSY		YING CAUSE		
ET	19	18		CANCE	ER	Tax		YES NO	YE YE		NO [
	OR CONTRIBUTING	_	216. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	ZIE HOW I	NJURY OCCUR	RED (ENTER NATURE C	OF INJURY IN ITEM 18 P	PART 1 OR PART 2)		
ICA	(IF EITHER NOTIFY MEDIC	CALEXAMINER	P.,		19							
MEDICAL	21d INJURY OCCURR		21e PLACE (OF INJURY EET, FACTORY, OFFICE FA	ARM ETC)	21f. LOCAT		CITY	OR TOWN	COUNTY		STATE
	AT WORK AT WOR	RK			1				/			-
	220.1 certify that (1)				9/3	0		, ta	18	19	, that (1) (e	
	saw the decease abave, (I) (wester			after death.			/) (cor) o pinian	death accurred an	the date and hav	r and fram the	causes st	ated
	22b. SIGNATURE		0	1		DEGREE	ATTENDING .	MEDICAL	CTACE	22c. DATE	ESIGNED	
	(2)	N	Carr	w J	h	5-	PHYSICIAN [MEDICAL DIRECTOR P	STAFF HYSICIAN [10	-21.	18-
	22d PHYSICIAN'S NA	AME (TYPE C	R PRINT)	10		22e ADDRE	SS					
	Crikk	KA	TLIFF	=, VR.,1	nD.	57	72 6	UESTUI	EW/	MALL		
	BURIAL, CREMATION,	REMOVAL					CREMATORY	23d. LOCATION		COUNTY		STATE
	Burial		10/23	/81 Ne	w Ca	thedra		Balti	more		Mary	yland
	UNERAL DIRECTOR			alto. Md			25a. DAT	E REC'D. BY REGIS	TRAR 256. REGIST	RARSSIGNA	7/18	lien .
Hı	ibbard Fune	eral I	Home, In	c. 4107 W	ilke	ns Ave	. Ul	1 2 1 198	31 Crance	2) July	4 ranu	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed Eshauld be detached for use as the burial-transit permit. Then pleawith the State Dept. of Health and Mental Hygiene prior to burial.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

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8728 Liberty Road Randallstown, Maryland 21133

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3 1

REG. NO

2537

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF INJURY OR CONTRIBUTING CAUSE OF INJURY OR CONTRIBUTING OF INJURY OR CONTRIBUTING OF INJURY OR CONTRIBUTING OF INJURY OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION O			CEASED NAME	FIRST		WIDOLE		LAST	20 DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR
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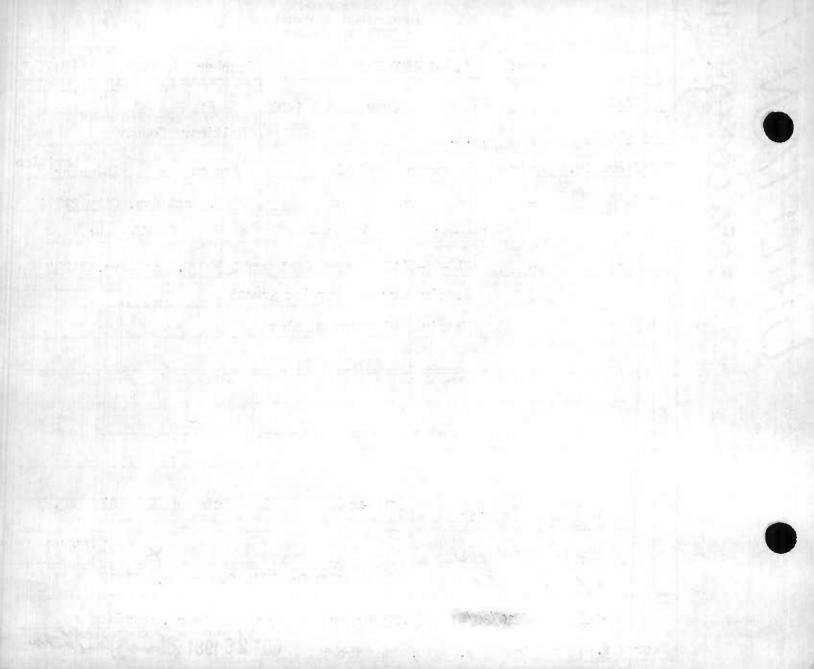
DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then please remove carbon papers with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the

Commission Lower Com (Tractabil (Wagnery) 245-19 15/12/2 - 2

STATE OF MARYLAND



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TTYPE OR PRINTS

DHMH - 16 50M 1/81 (VRA 15, 4)

1. DECEASED NAME

REGISTRAR

Baltimore County 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 208 Rodgers Forge Rd. ADD 1406 Malvern Ave. Ruxton, Md. 21204 come & PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN Medical Arts Bldg. Baltimore. Md. Pikesville, Balto. 24 FUNERAL DIRECTOR 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Baltimore, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

25 HOUR

IF LINDER 24 HRS

IF UNDER I YEAR

20. DATE OF DEATH MONTH

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DIVISION OF VITAL RECORDS,	V: The law	2	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATION	WAS PERFORMED	6	YES NO DE		WERE FINDIN ING CAUSES	
OF VIT	PHYSICIAN: ng physician. this certificate urial-transit p Mental Hygie	9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING TO CAUSE OF THE CONTRIBUTION OF THE CONTRI	F DEATH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY	OCCURRE	D LENTER NATURE OF INJUI	RY IN ITEM 18, PAR	T 1 OR PART 2)	
Vision	NG ndi fter he b	Indi keu or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
ā	Ze Gee	2		220.1 certify that (1) (thick	ospital) attended the	19_	3:1 		11	to ///	nte and haur	2/	that (1) (we) last
	the hospital AL DIRECT Stached for ite Dept. of	2		obove, (I) (we) (did) (di 22b. SIGNATURE	d nat) view the bady	after death.	C	EGREE				226 DATE	SIGNED
	by the by the because detach State D			224 PHYSICIAN'S NAME IT	9, Thibes	1	h	ATTEN PHYSI	ICIAN T	MEDICAL STAI	IAN	10	11/81
	TO HOSPITAL retained by the TO FUNERAL should be detact with the State Description.	MYCH INIT. II TEIL Z		MART	IN F.	STACOSE	EL M) 53 N	MULE	ER DA	PEIST	ERST	ow mo
	F 5 F 48 8		23a E	URIAL, CREMATION, REMO	VAL 23b. DATE	23c	NAME OF CE	METERY OR CREM	ATORY	234 LOCATION		QUHTY	STATE
170	BP			Burial	10/5/	/81 M·	t Aub	urn_Ceme	etery	BALTIMOR	Eve	-	Md
110.	DHMH-16 2!			INERAL DIRECTOR		ADDRESS		P. T. St.	DOTE:	ECO IN RECEIVAN	THEREIN.	AR'S SIGNAT	A CONTRACTOR OF THE PARTY OF TH
	(VRA 15, 4) 1	/79	Wi	lliam C. Ma	rch F/H	1101 E	. Nor	th Ave	001	0 10		19	

LEST MY PETT NOW OF HOLE . The state of the s CARDING ANTHE 17 CANAL 124 254 CL - 12 may CHIPPIN SUBJECT PERSONS 1/41 40 2118 12/1/2/ Marks T. Stidel 143 WHEN I STREET IN THINK IN THE PERSON I WITHIN

FOR

REGISTRAR

- STATE

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 10 8I and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 10-29-81 9000 Franklin Square Drive 21237 Parkwood timore County 24 FUNERAL DIRE DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

7b HOUR

17b. KIND OF BUSINESS OR

Business

21093

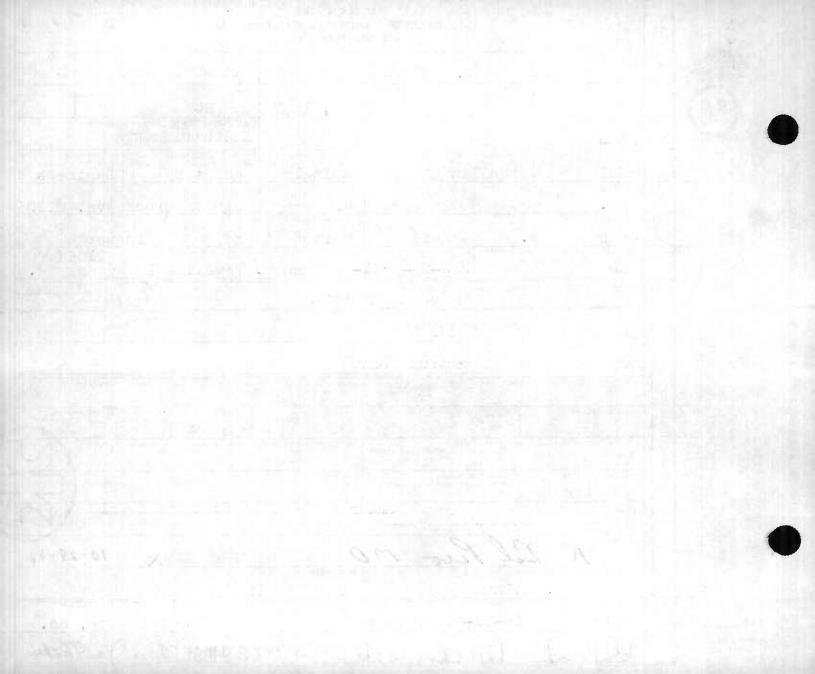
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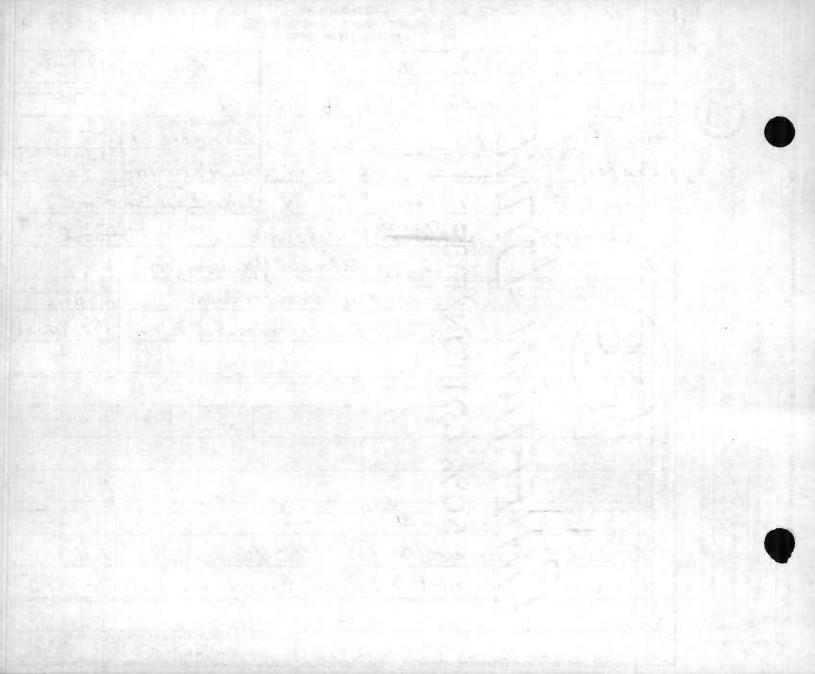
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				STATE OF MARTLAND	73 5 0	year or go go
1	1	FOR	DEPART	MENT OF HEALTH AND MENTAL H	IYGIENE O I	50/0
2/	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	250 110	
1	1 05		MIDDLE	(45)	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		OR RRINITY	4	17 0	Da 1 0	1001 1030
		Mary	Witkowski	folluson	GCT . 8,	1981 12-AM
	1. SE	, ,	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		temale	Caucasian	July 28, 1975	- 66 YRS.	MONTHS DAYS HOURS MIN.
	In Bi	CHPLACE HILATE OF TORI GA	76. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	COEDEATH
Q	N	FARMING 41 L	(1 ()	MARRIED NEVER MARRIED	B. Olivernia O.	7
0	14	ew york	Uw.A.	WIDOWED DIVORCED [- Backmore Cl	orling MD.
	10 C	TY OR TOWN OF DEATH		HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE DE WORK FOR MOSTO FOR FOR MOSTO FOR FOR FOR FOR FOR FOR FOR FOR FOR FO	126. KIN 7 OF BUSINESS OR
0	141	onkton	1441 Proposta +	Rd. Mouleton, Md.	1 Late's 1thorne	
	USU	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		CORRE	#-
35	K.	TATE 136 COU	011	13d. INSIDE CITY LIMITS	? 13e. STREET ADDRESS	Ta Road
	1-0	right total	Hmore I some	4	1411 4000	e Koad
	14. 14	THERE NAME	MADDIEN WITHER	15. MOTHER'S MAIDEN	N AME N MIDDLE	0, SIZWART
50		casamir 1	elix	(aroli		J/Webt
	16a V	VAS DECEASED EVER IN U.S. A		URITY NO. 17. INFORMANT	ADDRESS	
	(1	OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	2277 Warner	Foliuson (son)	
			अ616	33111	4	A BOS OVILLAYE INTERVAL
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per line for (a), (b), ar		Comer Garage	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			ATE CAUSE (o) Buen	romary new	orr mage	minutes
		1629	DUE TO, OR AS A CONSEQU	IENICE OF THE		111
		Canditions, if ony, which	((b) Squar		enoma of lever	1/2 years
		gave rise to immediate	(b)	7000	1	1
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF	0	7
		onderlying coose last.	(c)			
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIV	VEN IN PART 1101
	ŏ	V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED		S, WERE FINDINGS USED
	표					FYING CAUSES OF DEATH?
7.3	E E	71a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INTURY OCC	YES NO YE	
1		OR CONTRIBUTING CAUSE OF DE	LUCIUS A M MONITUS S		CHRED (ENTER NATURE OF INJURY IN TIEM IB.	PART TOR PART 2}
1	₹	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE,	PARM EIC)	4 0	
			a tall attended the decorred from	Hules 30 8	1 Cet 8,	19.8/ , that (I) (wa) lost
		saw the deceased alive a	or ended the deceased from	81 Ad that is (my) (anis)	ion death accurred on the date and hou	, mar (1) (40) 1031
		abave, (I) (***) (did •	view the bady after death.		on death accorded on the date and not	
		Th. SIGNATURE	2 K	DEGREE		226. DATE SIGNED
		yelal To	- (Kewart,	MLL - ATTENDING	MEDICAL STAFF	10/8/01
,		THE PHYSICIAN'S NAME (TYPE	OR PRINT	22e ADDRESS	^	Balto.
		Michael 1	5 Shewart M	1. Kalta (C)	ancer Research	le Ctr. Md.
,		- Court	1.0.00001			
		BURIAL, CREMATION, REMOVA	23b. DATE 23c.	NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION	COUNTY STATE
		BURIAL	10-10-1981	LEW CATHEDRA	L BALTIMORE	MARYLAND
	-	JNERAL DIRECTOR			DATE REC'D, BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
	12	NAME CILARIA	F CHIMES 232	5 YORK ROAD	DCT 1 3 1091 74	Van Warthen
	101	rans charse a) F [MII 122 d] d	AL ROME NOME	111 1 1 1 1 UST / CAA.	Cha The Man I was

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



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DEPARTMENT	C	F	HE	Δ	I T	Н	AND	M	ENT

3 7 5

Maryland SIGNATURE

	REGISTRAR		(REG. NO	0						
	1 DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH		AY YEAR	2b HOL	JR	
ń	CARL		THE	JONES		OCTOBER 5. 1981		5:05 pm			
	3. SEX	4 RACE	5.	DATE OF BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER	24 HR5	
١	MALE	WHIT	E J	JUNE 12.	1901	80	YRS	ONTHS DAYS	HOURS	MIN.	
	76. BIRTHPLACE (STATE OR FOR COUNTRY)	Th. CITIZEN OF	WHAT COUNTRY? 8.	MARRIED NEVE		9 BALTIMORE CITY O		OF DEATH			
Ş	Virginia	irginia U.S.A. WIDON			DIVORCED T						
	10. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING H	OME OR OTHER IN		120 USUAL OCCUPATE	ON	125 KIND O	BUSINE		
3	FORT HOWARD (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) V.A. MEDICAL CENTER				The Francisco	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY STEELWORKER STEEL					
2	USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADM	AISSION)	THE R. L. L.		PAL	DIE	п		
)		BALTIMORE	Edgemere	13d INSIDI	CITY LIMITS?	13e. STREET ADDRESS	FOY	cest D	riv	0	
	14 FATHER'S NAME	DADITMORE	1Bagemere		R'S MAIDEN NAM		E 1 O1	-CSC D	TTV		
5	FIRST	k Known	LAST FIRST			Not Known					
	160 WAS DECEASED EVER IN		16b SOCIAL SECURITY NO. 17 INFORMANT			ADDRESS					
	(18 YES, NO OR UNKNOWN) YES PEACET IME					. VA MEDICAL CENTER					
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS	CAUSED BY. MEDIATE CAUSE (a)	CARDIORESP	IRATORY A				TUTES			
100					METASTASIS PAROTID GLAND WITH BONE				5 MONTHS		
	gove rise to immediate cause to its to immediate cause to its stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	HYPERTENSIVE ARTERIOCARDIO VASCULAR DISEASE, DIABETES MELLITUS										
-	HYPERTENSIVE ARTERIOCARDIO VASCULA 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATIO 216. TIME OF INJURY			ERATION WAS PER					VERE FINDINGS USED NG CAUSES OF DEATH?		
	210. ACCIDENT WAS UNDER			21c HOW	INJURY OCCURR	ED (ENTER NATURE OF INJUR			140		
	00.00.00.00.00.00.00.00	SE OF BEATH	M. MONTH DAY	YEAR							
	(IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRED		.M. OF INJURY	19 21f LOCA	TION						
	WHILE NOT WHILE AT WORK	LAT HOME ST	REET, FACTORY, OFFICE, FARM			CITY OR TO	WN	COUNTY	5	STATE	
	22e I certify that \$\\$ (this haspital) attended the deceased from \(\frac{128}{19.81} \), and that in (\(\text{imp} \) (our) apinion death accurred on the date and hour and from the causes stated										
	above, (# (we) (did) (did) (did and) view the body after death.										
	Alima	C-Ta	m. M.1	DEGREE	ATTENDING PHYSICIAN IN	MEDICAL STAIL		10/4	- /	81	
	221 PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS										
	AURORA	C. TAN, M.		V.A.	MEDICAL	CENTER FOR	T HOWA	ARD, MA	RYLA	ND	
	23a. BURIAL, CREMATION, RE-			E OF CEMETERY O		23d LOCATION CITY OR TOWN	35.70	COUNTY	5	TATE	
	Burial	10/8	/1981 Gar	dens Of	Faith	Baltimo	re	Ma	ryla	and	

MD.

21222

Duda-Ruck, Inc. Avenue Dundalk,

24 FUNERAL DIRECTOR Duda-R 7922 Wise Avenue

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

TO HOSPITAL

should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If Hem 21 is marked or Item 18 shaws any

VARIOUS ENGREDMENT X A.S.A. CLEO AND SECURED TO SECURE S THE PROPERTY 243 OF SALE CLIR. MICHAY, VA PROPORTY CHARGE DATES OF THE STATE DEFECT OF THE PARTY OF THE PART 1/28 2/11 10/5 01 11 1 AUGUST C. T.E. T. D. - V.A. MATTAN CONTROL STILL BOTARD, MATTANDA

AN: The low requires that the death certificate be executed within 24 havin after death. Page 4 may be shysicion.	fricate has been signed by the offending physicion and completely filled in by the time of a second of a strong strong in the please remove corban papers. Pages 1 and 2 should be filled within 2 leaves the contract of the second of the seco
is that the death certificate be execute	ficate has been signed by the ottending physicion and can transit permit. Then please remove carbanpapers. Pages 1 c
AN: The fow requires thysicion.	ficote has been signe fronsit permit. Then p

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.			
EASED NAME OR PRINT)	HERBE		M ASON	Joi	NES	2e DA	TE OF DEATH		30-81	1:00pm	
IALE			ITE	MONTH	DAY YEAR	6 AGE	(IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
REGISTRAR LASI MASON JONES 120 DATE OF DEATH MASON JONES 10 - 30 10					76 CITIZEN OF WHAT COUNTRY? 8 WARRIED WINEVER MARRIED BALTIMORE COUNTY WIDOWED DIVORCED BALTIMORE COUNTY						
	ATH						F WORK FOR MOST O	F WORKING L		F BUSINESS OR	
REGISTAR CERTIFICATE OF DEATH REG NO. RESISTANME REGISTAME REGISTAME REGISTA		EIM RD.	21204								
THER'S NAME FIRST SWAND R. JONES STAPHYLOCOCCAL PNEUMONIA								STEE			
REGIARR REGIANAME PROPRIED HERBERT MASON JONES 120 DATE OF DEATH REGINO. 120 DATE OF DEATH REGINO. 120 DATE OF DEATH 120 DATE OF BRITH 120 DEC. 2, 1897 130 DATE OF BRITH 120 DEC. 2, 1897 131 SALITIONE COUNTY OF DEATH 121 DATE OF DEATH 122 DATE OF BRITH 123 DATE OF BRITH 120 DEC. 2, 1897 134 BALTIMORE CIVITY OF COUNTY OF DEATH 125 DECLAY 126 DATE OF BRITH 126 DATE OF BRITH 127 DATE OF DEATH 127 DATE OF DEATH 128 DATE OF ORGANISM 129 DATE OF DEATH 129 DATE OF DEATH 129 DATE OF DEATH 120 DATE OF DEATH 120 DATE OF DEATH 120 DATE OF DEATH 121 DATE OF DEATH 121 DATE OF DEATH 122 DATE OF DEATH 123 DATE OF DEATH 123 DATE OF DEATH 124 DATE OF DEATH 125 DATE OF DEATH 126 DATE OF DEATH 127 DATE OF DEATH 128 DATE OF DEATH 129 DATE OF DEATH 129 DATE OF DEATH 120 DATE OF DEATH 120 DATE OF DEATH 120 DATE OF DEATH 120 DATE OF DEATH 121 DATE OF DEATH 120 DATE OF DEATH 120 DATE OF DEATH 121 DATE OF DEATH 120 DATE OF DEATH 121 DATE OF DEATH 120 DATE OF DEATH 121 DATE OF DEATH 120 DATE OF DEATH 120 DATE OF DEATH 121 DATE OF DEATH 121 DATE OF DEATH 122 DATE OF DEATH 123 DATE OF DEATH 124 DATE OF DEATH 125 DATE OF DEATH 126 DATE OF DEATH 127 DATE OF DEATH 128 DATE OF DEATH 129 DATE OF DEATH 120 DATE OF DEATH 120 DATE OF DEATH 120 DATE OF DEATH 120 DATE OF DEATH 121 DATE OF DEATH 121 DATE OF DEATH 122 DATE OF DEATH 123 DATE OF DEATH 124 DATE OF DEATH 125 DATE OF DEATH 126 DATE OF DEATH 127 DATE OF DEATH 128 DATE OF DEATH 129 DATE OF DEATH 120 DATE OF DEATH 120 DATE OF DEATH 120 DATE OF DEATH 121 DATE OF DEATH 121 DATE OF DEATH 122 DATE OF DEATH 123 DATE OF DEATH 124 DATE OF DEATH 125 DATE OF DEATH 126 DATE OF DEATH 127 DATE OF DEATH 127 DATE OF DEATH 128 DATE OF DEATH 129 DATE OF DEATH 129 DATE OF DEATH 120 DATE OF DEATH 120 DATE OF DEATH 121 DATE OF DEATH 121 DATE OF DEATH 122 DATE OF DEATH 123 DATE OF DEATH 124 DATE O									SAME AS		
gove rise to in couse (a), state underlying cous	nmediate ing the ie lost	(b) DUE TO, OF	R AS A CONSEO	3 cule DUENCE OF	or Ocel	rine	Disc	ese	VEN IN PART 100		
9a. DATE OF OPERA	ATION	19b CONDI	TION FOR WHIC	CH OPERATION	N WAS PERFORMED			IN CERTI	FYING CAUSES		
OR CONTRIBUTING (IF EITHER, NOTINY MED 21d INJURY OCCUP WHILE NOT WAT WORK AT WORK 22a.1 certify that A sow the deceo above, the (web)	CAUSE OF DEAT DICAL EXAMINER) RED VHILE ORK (this hospite sed olive on	H HOUR A.I P.I 21e PLACE C (AT HOME STR 10–30	M. MONTH M. DE INJURY EET, FACTORY, OFFICE e deceosed from	19 E, FARM ETC) 10- 81, on	21f, LOCATION STREET 26 , 19 d that in (承) (our) opi		CITY OR TO	lwN	COUNTY 19 81. 19 ond from the		
	LAME (TYPE OR	mente	m.	Parie	ATTENDIN PHYSICIA		TOR PHYSIC	IAN 🖳		30-81	
0 0 -			3		ST.	JOSE		ig 20	ital.		
REMATION	, REMOVAL	10/31			PARK CREMA		CITY OR TOWN BALTIMO) DRE	COUNTY	LAND	

medicol event, the or other troumotic Hygi Item 18 for use as the burialmorked or FUNERAL DIRECTOR: should be detached with the State Dept. MPORTANT

236 BURIAL, CREMATION, REMOVAL BP. DHMH - 16 50M 1/81 (VRA 15, 4)

(SPECIFY) CREMATION 24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

FOR

BIRTHPLACE (STATE OF FOREIGN

MARYLAND

MARYLAND

(YES, NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

TOWSON

14 FATHER'S NAME

O CITY OR TOWN OF DEATH

WSUAL RESIDENCE (# NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

DECEASED NAME

- STATE

(TYPE OR PRINT)

MALE

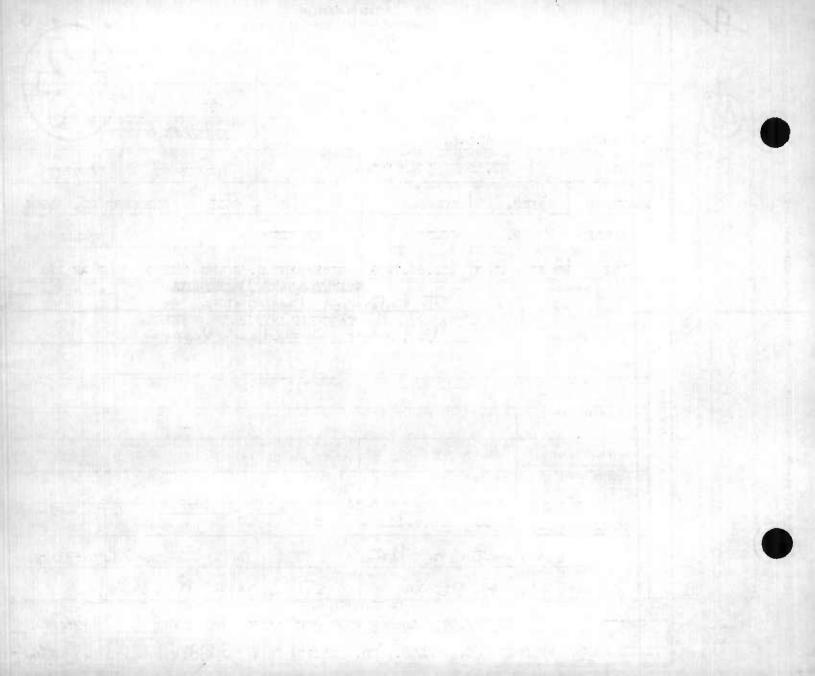
3. SEX

10/31/1981

WALTER BROOKS BRADLEY INC., BALTO., MD.

21222

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR



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this certificate has bee

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STATE OF MARYLAND

	FOR STATE REGISTRAR	Section Vision	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H REG. NO	253/9
	I. DECEASED NAME FIRST	WIDDLE	LAST		ONTH DAY YEAR 26. HOUR
	Loui		Jones	10	
	Female	White	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS
2	70 BIRTHPLACE ISTATE OF FOREIGN Ohio	75 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI	- Daltimore	
Ó	Cockeysville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Broadmea	ADDRESS)	Comparison for Stowart	Shopper Dent Store
6	USUAL RESIDENCE HE NURSING HOME OF 130. STATE 13b COUN MD BE		N 13d. INSIDE CITY LIA	AITS? 13e. STREET ADDRESS	
0	Dr. Reed D.	. Burnham	15. MOTHER'S MAIL FIRST Mar	garet	McKinney
	160. WAS DECEASED EVER IN U.S. AR 1985, NO OR UNKNOWN) (1F YES, GIV	RMED FORCES? 166 SOCIAL SECU 220-46-0		Jones Cockey	ysville, Md.
	PART I. DEATH WAS CAUSE	nly one cause pauline far (1), (b), and ED BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) META ST DUE TO, OR AS A CONSEQUE (c) ECC TO TO	ENCE OF Carc	woma Or Pan	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
	PART 2 OTHER SIGNIFICANT OF THE PART 2 OTHER 2	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE		TION GIVEN IN PART 110.
1	RTIFIC	WEILING SPACE		YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED		AY YEAR	OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COLINITY

220.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on obove, (I) (we) (did) (did nat) view the bady after death

22d. PHYSICIAN'S NAME ITYPE OR PRINT

Removal

23a BURIAL, CREMATION, REMOVAL

NOT WHILE

236 DATE

10/22/81

234 NAME OF CEMETERY OR CREMATORY Anatomy/Board

22e ADDRESS

ATTENDING PHYSICIAN

DEGREE

23d. LOCATION

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

STAFF

COUNTY

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: etained by the hospital

should be detached for with the State Dept of the MPORTANT: If Item 21

> 24 FUNERAL DIRECTOR Anatomy Board

Balto., Md.

250. DATE REC'D.

MEDICAL

DIRECTOR

Colored Cross Colored 0.00 ind in rain Balto. 16.

FOR - STATE REGISTRAR

	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		ENE E	REG. N		5 3	8	0
FIRST	MIDDLE		AST		20. DATE	OF DEATH	_	Y YEAR	26 HOUR	
G	ERSHON KAFFEMA	AN					10/2	9/81	8:4	5 PM
	4 RACE	5. DATE O			AGE (N YEARS LAST BIR	THDAY) IF	UNDERTYEAR	IF UNDER 2	4 HRS
	WHITE	OC'	$\Gamma. 23, 1902$	Ŝ ^R		79	YRS.	INTHS DAYS	HOURS	MIN.
FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE! WIDOWE	XXXXEVER MARRIE	D L	P. BALTIMORE CITY OR COUNTY OF DEATH TXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
X	6701 N CHARLE	ST	GBMC	N		ALESMA	NWORKING LIFE)	176 KIND O	F BUSINES	SOR
136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR BALT IMOR		13d INSIDE CITY LIM	_/	6940	BROOK	APT. MILL R		215	
RY	E. KÄFFE	MAN	15 MOTHER'S MAID	ILLDA		MIDDLE		PRE	SMAN	
	RMED FORCES? 166 SOCIAL SECTION OF DATES 214-03-		17 INFORMANT 6940 BROC				KAFFEM. 2A	AN #2121	5	
which nediate ag the lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF		E TERMIN		ASE OR CONI	20b. IF YES, \	WERE FINDIN	GS USED	1?
DERLYING [21b. TIME OF INJURY	WE . B	21c HOW INJURY C	OCCURRE	-			I OR PART 2)	110	
AUSE OF DE		AY YEAR	Name of							
RED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	ARM, ETC)	211 LOCATION STREET	0.1		CITY OR TO	wn	COUNTY	STA	(TE
(this hasp ed olive or		81 , an	d that in (my) (our) o	pinian de	to	OCT red on the do	29 19 ote and haur a		hat (I) (we	
-	491.11		DEGREE ATTEND		MEDICA			220 DATE		
IR P	GRUBB MD		22e ADDRESS GBMC	IAN []	DIRECTO	OR PHYSIC	IAN []	1 10/	29/81	
REMOVAL			METERY OR CREMA SETH ISRAF		C	CATION ITY OR TOWN	ROSEDA	LE BA	LTOSA	,MD
	LEVINSON & BROS.	, INC.	7	NV	3 19		Sb. REGISTRA	R'S SIGNATI		

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

BALTO, MD

21215

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HALL WAT

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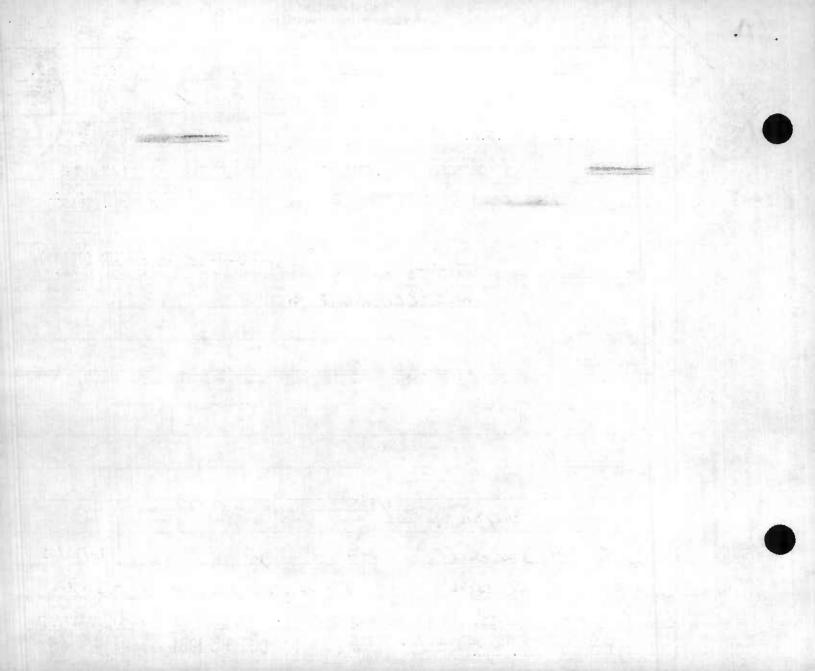
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DHMH-16 30M 2/80 (VRA 15, 4)

	1.	FOR - STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLA EALTH AND M ICATE OF DI	ENTAL HYG	IENE 8	2	5 3	8
		CEASED NAME FIRST		MIDDLE	L	AST		20. DATE OF DEATH		YEAR	26 HOUR
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	3. SE	Х	4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
		Female	White		MONTH	20	20	61	YRS	IMS DAYS	HOURS MIN
		IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	□ NEVER M	ADDIED	9. BALTIMORE CITY	11101	DEATH	
35		Md.	U.S.	Α.	WIDOWE		ORCED	Balto. Ø	*** C	unty	MD.
	10. €	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C		TUTION	12a USUAL OCCUPAT	IÓN	126 KIND C	F BUSINESS OR
10		Pikesville		ville Ni		Home		(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	Resta	aurant
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	14. FA	ATHER'S NAME				15. MOTHER'S		ME			
00	0	harles	WIDDLE	Schmid			rst Lillian	MIDDLE	Vir	cent	Т
		WAS DECEASED EVER IN U.S. AF		166. SOCIAL SE		17 INFORMAN		ADDR		100110	
2	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	212-12-	-1823	Marv	Owens		Sykes	wille	e, Md.
		18 CAUSE OF DEATH (Enter or	nly one cause per						/		IMATE INTERVAL ONSET AND DEATH
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9	CERTIFICATION	190 DATE OF OPERATION	196. COND	TION FOR WHIC	CH OPERATION	WAS PERFOR	MED -	20a AUTOPSY?	206. IF YES, W	ERE FINDING CAUSES	OF DEATH?
+	ERTI	21g. ACCIDENT WAS UNDERLYING	216. TIME O	E INTITION	490	1214 HOW/INII	LIBY OCCUPE	YES NO	YES []	NO 🗌
a		OR CONTRIBUTING CAUSE OF DE			DAY YEAR	116.110 11 1143	OKT OCCORN	CED (ENIEK NATURE OF INJU	KY IN IIEM IB PAKI	ORPARI 2)	
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		now the disceased alive or	12/	19		d that in my	, 17	death accurred an the de			the (we) last causes stated
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		BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b. DATE 1 189/27/	0/27/8i³ ØX	NAME OF C	METERY OR CI		23d. LOCATION CITY OR TOWN		YINUC	STATE
		natomy Board	Ba	lto., Mo	i.		250. DATI	EREC'D. BY REGISTRAR	henry	SIGNA	accom.

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. 1	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 5 8 2 CERTIFICATE OF DEATH REG. NO. MIDDLE 1451 120 DATE OF DEATH MONTH DAY YES 120 HOUR								
v 25/1		CEASED NAME FIRST	WIDDIE					DAY YEAR	2b HOUR		
dec dec	3.58	EDITH	4 RACE		SSEL	OCTOBER			4 P. A		
a offer.	3.50	FEMALE	WHITE S. DATE OF BIRTH NOV. 25 19			44		MONTHS BAIS	HOURS MIN.		
Total All	100000	DUNTRYI	76 CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH							
個剛是山			U.S.A.	WIDOWE		COUNTY					
100	FEMALE WASHINGTON, D. C III. CITY OR TOWN OF DEATH RANDALLSTOW USUAL RESIDENCE IF NURSING 13a. STATE WARYLAND 14 FATHER'S NAME FIRST HYMAN 16a. WAS DECEASED EVER IN (YES. NO OR UNKNOWN) 17 PART I. DEATH WAS Conditions, if any, w gove rise to immed cause (a), stating underlying cause PART 2 OTHER SIGNIFI PART 2 OTHER SIGNIFI	RANDALLSTOWN	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 3910 GRIERSON R	ROAD . (126 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE AT HOME					
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	14. FA		MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME					
+ 0		HYMAN	LONDON		FANNIE						
	16a. V	(IF YES GIV	MED FORCES? 16b. SOCIAL SECUE (16b. SOCIAL SECUE) 578-48-1		17 INFORMANT R MR. HERBERT	ANDALLSTOWN	. MARY	LAND (2 RSON RC	(1133) DAD.		
equires that the signed by the Then please rerested by the please rerested by the signer.	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	IIN AL DISEASE OR CONI	TOBER 10, 1981 E IN YEARS LAST BIRTHDAY) 44 YRS. TIMORE CITY OR COUNTY SUAL OCCUPATION OF WORK FOR MOST OF WORKING LIFE WARSA ALLSTOWN, MARYLAND SEL 3910 GRIERSON ROAD. (21 MIDDLE WARSA ALLSTOWN, MARYLAND (2 SEL 3910 GRIERSON ROAD. ROAD. SETWEEN OR SETWEEN OR OWNER OF WORK IN THE MERCHAND SETWEEN OR OWNER OF WORK IN THE MERCHANDOWNER OF WORK IN THE MERCHAND SETWEEN OR OWNER OF WORK IN THE MER	0			
The low relation.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	FYING CAUSES			
SICIAN: The ng physician certificate hidransit period-fronsit period Hygien Item 18 show		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN IN ITEM IS	PART I OR PART 7)			
or ottendir	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, F	ARM ETC }	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
TTENDINgutal or CTOR. Air for use of Health 21 is ma		22a I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did na	tal) attended the deceased fram_	6/8	, 17	death accurred on the do	ate and hav		that (1) (we) last causes stated		
HOSPITAL OR A ned by the hospital Direction of the State Dept. ORTANT: If them		22b. SIGNATURE Leve 1V. 22d. PHYSICIAN'S NAME (TYPE O	Islasses.		ATTENDING PHYSICIAN [MEDICAL STAP			11/81		
TO HOSPITA etained by TO FUNERAl should be de with the Stati		STOUTE A.	GLASSEN		600 REISTE		-	2120	8.		
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		ISHE E		BALTIMORE		MAR	YLAND		
DHMH - 16 50M 1/81 (VRA 15, 4)	- 0	JNERAL DIRECTOR 6010 L LEVINSON & BR	REISTERSTOWN RERE). 212 ORE, MA	15 RYLAND	CT 13 198			URI/ Kettus		



ttending physician and completely filled in by the filled corbonpopers. Pages 1 and 2 should be filled with

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove corbangopes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

retained by the hospital or attending physician

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

250 DATE REC'D. BY REGISTRAP 255 REGISTRAP'S SIGNATURE

REGISTRAR		CEKTIF	CATE OF DEATH	REG N	0					
1. DECEASED NAME FIRST	MIDDLE	i	AST	92 98 ALTIMORE CITY OR COUNTY OF Baltimore County of Baltimore County of Baltimore County of County of Clerk 136 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Clerk 136 STREET ADDRESS 520 Park Avenue NMIN Gor ADDRESS 520 P Birmingham Town PADRESS 520 P Birmingham Town 200. AUTOPSY? YES NO NEER IN TEM 18 PART CITY OR TOWN 19. In death accurred on the date and hour or MEDICAL PHYSICIAN NEED (STAFFF) MEDICAL STAFFF DIRECTOR PHYSICIAN NEED (STAFFF)	AY YEAR	7b HOUR				
Jane	NMN	Keer	ı	1	0 27	27 81 IF UNDER I YEAR IF UNDER INFORMATION OF BEATH COUNTY INGLIFE) 125. KIND OF BUSINI INDUSTRY Retail Sa PROMOTINE INFORMATION OF BUSINI INDUSTRY RETAIL SA OF INFORMATION OF BUSINI INDUSTRY COUNTY STATE SA OF INFORMATION OF BUSINI INDUSTRY RETAIL SA OF INFORMATI	MP			
3. SEX	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)		IF UNDER 24 HRS			
Female	Cauc.	9	5 1889 YEAR	92	YRS		HOURS MIN			
70 BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY C						
New York	U.S.A.	WIDOWE		Baltim	ore Co	ounty	N			
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		R OTHER INSTITUTION	120 USUAL OCCUPAT	ON	126. KIND (
Towson	520 Park	Avenue			, working tire)					
13a. STATE	ALCOR OTHER INSTITUTION GIVE RESIDENCE BOUNTY 130. CITY OR TOWN	TOWN	13d INSIDE CITY LIMITS? YES NO X		Avenu	27 81 Y) IF UNDER I YEAR WONTHS DAYS HOURS VERS. OUNTY OF DEATH e County DEKING LIFE) 12b. KIND OF BUSIN INDUSTRY Retail Sa Venue Gore LAST OUNTY TOWSON, Md. APPROXIMATE INTE BETWEEN ONSET AND SET ONSET AND LIEM 18 PART I OR PART 2) COUNTY COUNTY OND HOUSE IN PART 1(0) LIEM 18 PART I OR PART 2) COUNTY OND HOUSE IN PART 2) COUNTY OND HOUSE IN PART 1(1) COUNTY OND HOUSE IN PART 2) COUNTY OND HOUSE IN PART 2) COUNTY				
Charles	NMN Meigel		15 MOTHER'S MAIDEN NAM Susan		Go	BY PROTION AND THE STORY OF ART 1 OF AR				
	ARMED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDR	55520 I	Park A	Avenue			
No	324-0	1-7572	William J.	Birminghar	n Tow	vson,	Md.			
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSE	EOUENCE OF				ENER				
THE OF TH	THE CONDITION FOR WE	TICH OPERATION	VVAS PERFORMED		IN CERTIFY	ING CAUSES	S OF DEATH?			
OR CONTRIBUTING CAUSE O	FDEATH HOUR A.M. MONTH	DAY YEAR		ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)				
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
sow the deceased alive	ospital) attended the deceased from a land) view the body after death.	19, on	, 19			ond from the	couses stoted			
Carrell	ivar—		ATTENDING PHYSICIAN			1	3/81			
James Kl		hidne	Osler Med.	Ctr., Osle	r Driv	ve				
230. BUNIAL CREMATION, REMOVE (SPECIFY) Burial			Valley Cem.	23d. LOCATION CITY OR TOWN COCKEVS	dilo 1	county Ralto	Md.			

10 W. Padonia Road

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Martin D. Lawson

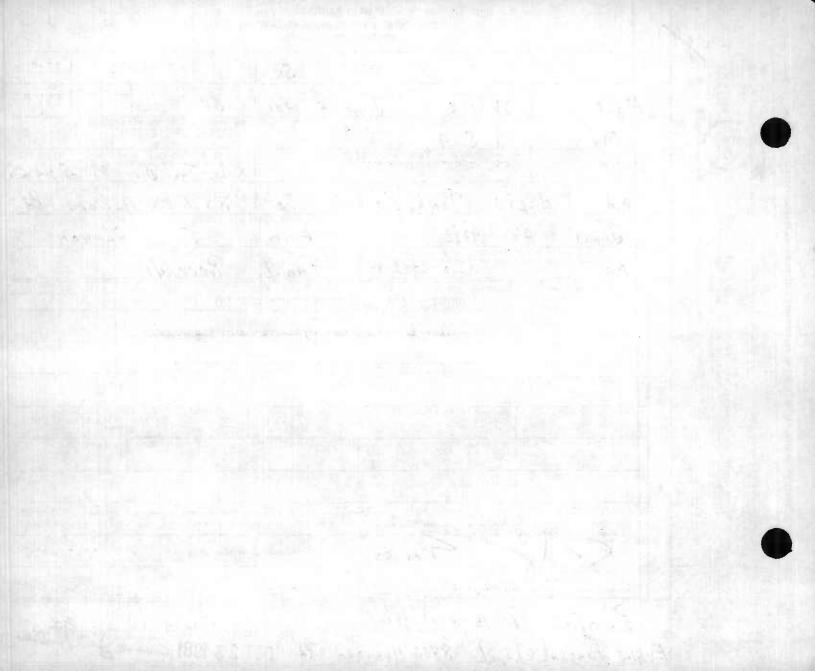
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(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND

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- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

2. 1981 October & AGE LIN YEARS LAST BIRTHDAYS IF UNDER LYEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY HOUSEWITE 1735 Langley Road 21221 MDScalla ADDRESS 21 22 C (Daughter)836 Lammerton APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONGESTIVE HEART FAILURE ARTERIOSCLEROTIC V-V. distal DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Holly Hill Memorial Garden Baltimore County, Md. Burgal ruzdzinski Faneral Home 1407 Old Eastern Ave. CANCES

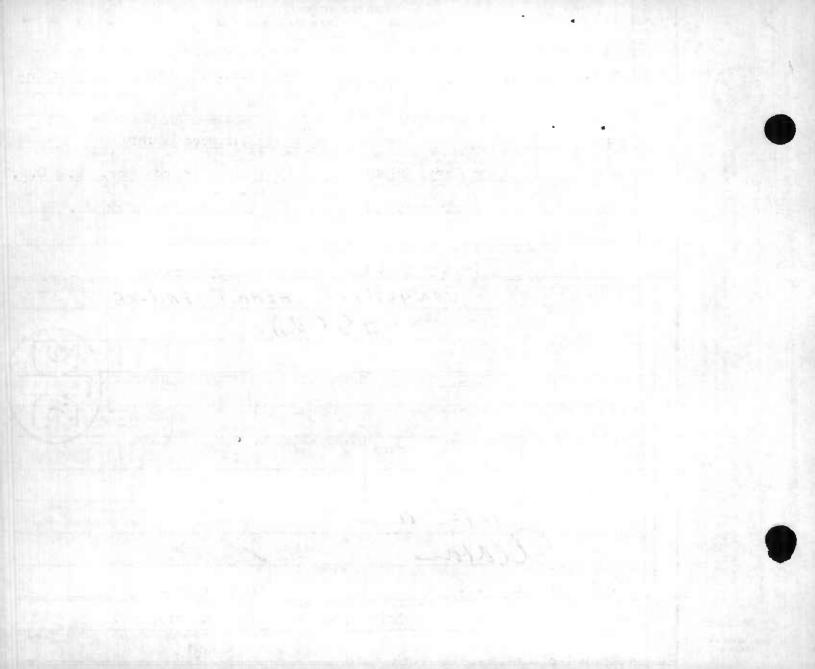
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

7b HOUR

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1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	2	2 5	8 9
	CEASED NAME FIRS	ı	WIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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3. SE	х	4. RACE		5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Female	Wi	ite	04		67	YRS.	MONIAS DATS	HOURS MIN.
₹a. Bi	IRTHPLACE (STATE OR FOREIG	7b. CITIZE	OF WHAT COUNTRY	? 8	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNT	Y OF DEATH	
	Maryland	US	A	WIDOWE		Baltimo	re C	ounty	M
	ITY OR TOWN OF DEATH Parkville	(IF NOT	IN SUCH FACILITY, GIVE STREE	T ADDRESS)	oad 21234	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Store Cle	F WORKING L		of Business o
[13a. 3	Maryland H		UTION GIVE RESIDENCE BEFO	RE ADMISSION)	136 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 3205 Wii			
30	Thomas H	enry	O'Rourl	ke	15. MOTHER'S MAIDEN NAME ARE THE TENTE TO TH	Elizab		Cul	len
160 V	WAS DECEASED EVER IN U. YES NO OR UNKNOWN) (IF Y	S. ARMED FORCES, GIVE WAR OR DA	res)		17 INFORMANT ARobert Klu	ge 1952 Fore	Ple st H	asantv ill,Md	ille R
CERTIFICATION	PART 2. OTHER SIGNIFIC.	vie Co	UCCONTRIBUTING TO	na	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	ES, WERE FINDI	NGS USED S OF DEATH?
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8	27a L certify that (1) (Mac. sow the deceased all above, (1) (1) (31b) (32b) SIGNATURE	baspitali attend	ed the deceased from	81.0	nd that in (my) pinion DEGREE ATTENDING PHYSICIAN	deoth occurred on the d	FF	22c. DATE	that (I) (lo lo couses stated SIGNED
23a. I	27d. PHYSICIAN'S NAME M - (. K BURIAL, CREMATION, REMO (SPECIFY) BUTIAL	OWAL 23b. DA			22e ADDRESS	ARFORL 23d. LOCATION CITY OF TOWN) R	Baltim	
	UNERAL DIRECTOR assahn Fune					E REC'D. BY REGISTRAR			

Belair Road

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENS

- STATE REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	0.			
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13a. STATE		IY 13c CITY OR TOW	N_	13d. INSIDE CITY LIMITS?	13e. SIREET ADDRESS 8315 Nun	ley I	rive	#F	14-11
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gove rise to couse joi, s	immediate toting the	DUE TO, OR AS A CONSEQUE	NCE OF					104	po
	SIGNIFICANT C	onditions <u>contributing to </u>	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION G	SIVEN IN F	PART 1(c	יוכ
19a DATE OF OP	ERATION	196. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT			OF DEATH?
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEAT		AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 1	8 PARTIOR	PART 2)	

114 INJURY OCCURRED

226 SIGNATURE

236. DATE

220 I certify that (I) (this hospital) attended the deceased from

sow the deceosed olive on above, (I) (we) (did) (did not) view the body ofter death

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

LOCATION STREET

COUNTY

STATE

000 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated MD DEGREE

CITY OR TOWN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

10/6/81

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

ATTENDING PHYSICIAN

DIRECTOR PHYSICIAN

NOT WHILE

B/00

23d. LOCATION CITY OR TOWN

BP.

24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

8 E ō

IMPORTANT:

Anatomy Board

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

Balto Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE COUNTY

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TH		11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 5 5 7					
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			PE OR PRINT)	A /	MIDDLE	i	LAST	OF ESTI-	MONTH DAY YEAR 26 HOUR
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	为户至交景 .	3. SEX	40.4	5. DATE OF BIRTH	6 AGE (IN Y	YEARS IF UI			MONTH DAY YEAR 24 HOUR
	ERREA	100	MW		7070 (0	YRS. MONT	THS DAYS HOURS MI	PRONOUNCED DEAD	10-8-81 1000
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	AND		ITY OR TOWN OF DEATH	11 NAME OF HOS	SPITAL, NURSING HOM	AE, OR OTH		B. USUAL OCCUPATION (TYPE	PE OF WORK 12h KIND OF BUSINESS
	ATH, IF ANY DELAY E. B. 1, 2, AND 31 OTHER E. B. 1, 2, AND 31 OTHER E. B. 1, 2, AND 31 RECORDS. 201	W	Voodlawn		Walnut Street			Military	OR INDUSTRY Military
_	S T C S S T C S S S S S S S S S S S S S	USUA	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G	GIVE RESIDENCE BEFORE ADMISS	SION)	- /-		WILLIOALY
21201	Y SEGGER		STATE ISE COUNTY	timore	Woodlawn			STREET ADDRESS	Otherak
0.2	SHC SHC	-	ATHER'S NAME	Thore	WOOULAWII			6400 Walnut	Street
*	H-WEW ZA		FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N	MIDDLE	LAST
980	DEATH GES 1, SM PM OF WIL		John	555555	Kolb		Annie	100055	Hubschman
TIM	PA P	160. V	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)				ADDRESS	
BAL	S AF GIVI PAG VISI		Yes 1/5/L	13-9/1/44	216-07-03	00	Rev. Leslie	Metcalf, 670	00 Windsor Mill Rd
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	UTED WITHIN 24 HOURS AFTER DEATH. IN PENCIL IN ITEM 18. GIVE PAGES 1, AMININE TOOK WITH FORM PM. RIAL -TRANSIT PERMIT. PAGES I AND 2 D MENTAL HYGIENE, DIVISION OF WITH ON, OR REMOVAL.		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	ily ane cause per lin	11 1 2 1 1	1 2	- W- 00 1	111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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201	ULD BE EXECUTED WENDING** IN PR EM MEDICAL EXAM ED AS A BURIAL HEALTH AND MEI AL, CREMATION, C		lying cause last.	(c)					
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00	D BE EXE ENDING MEDICAI AS A BU EALTH AR CREMAI	N							
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0	A HE TOWNER		UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DAY YEA	·R			
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NO	S CEL	ME			CTORY, FARM, ETC.)		STREET	CITY OR TOWN	COUNTY STATE
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	AES.		22a. I certify that I taak charg	ge of the remains de	escribed abave, held an	Autop	psy . Inspection .	Inquiry an	nd in my apinian
100	H TI A		death resulted fram: Natu	ural causes	Accident, Si	vicide	, Hamicide . U	Undetermined manner	
	WIT WIT WAR		0	0 7	50		TITLE (SPECIFY)		10. 271
	AL SEL		SIGNATURE COLL	redo u	Tenero.	up.	M.D. Vepus	MEDICAL EXAMINER	DATE SIGNED
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, BAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	report.	(TYPE OR PRINT) CO	NRADO	FERRE	20	ADDRESS 5550	13060 IVI	P. 1116, 21228
	534548	23a.E	BURIAL, CREMATION, REMOVAL		23c. NAME OF CE	METERY (OR CREMATORY 2	3d. LOCATION CITY OR TOWN	COUNTY
	BP		Burial	10/12/81	Woodlaw	m Cer	netery W		timore Co. Md.
		24 5	SUNERAL DIRECTOR			7.00 000 000	25a. DATE REC'	D. BY REGISTRAR- 150 REGI	
	DHMH - 17 (VR A15 ME (5))	10	Dallas 1/200	ADDRES	NOODLAWN ME	MORIE	AL FH UU	19 1981 drama	go Shand without
	15M 2/80		TILL TO THE	ALL LA	6411 Wandso	r Mil	A Rd		

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	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		B I	2	5 3	9 2
-		CEASED NAME FIRST OR PRINT)	WIODLE	i	AST	20. D	01 02	MONTH DAY	YE AR	26 HOUR
		WAI	TER KRATZ				10/28			9:30 a
	3. SE	X	4 RACE	5. DATE C			E (IN YEARS LAST BIR	THOAY) IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
10		Male	Caucasian	Dec	. 30°, 19°0	06	74 YRS.			ANIS DAYS FOOKS MIN.
20		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	/? 8. MARRIE	8. MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH			
0		aryland	U.S.A.	WIDOWE			Baltimor			MI
56	10. C	Towson	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Greater Baltim	ET ADDRESS)		/ TYPE	USUAL OCCUPATION WORK FOR MOST OF WORK FOR MOST OF THE CONTROL OF	F WORKING LIFE)	INDUSTRY	Stee.
35	130.	ALRESIDENCE (IF NURSING HOME) STATE Aryland	OTHER INSTITUTION GIVE RESIDENCE BER 136. CITY OR TO Baltim	WN	13d. INSIDE CITY LIMI YES 🛣 NO 🗌	15? 13e S	treet address 108 Kne.			
00	14. FA	THER'S NAME Frederick	MIDDLE Krat	Z	15. MOTHER'S MAIDE Marga		WIDOLE		Schmi	dt
7		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		Emma K.	Kratz	ADDRE 2. 5408		Ave	
	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO Pulmonary 196. CONDITION FOR WHICE	UENCE OF DEATH BUT emphys	ema		DISEASE OR CON	DITION GIVEN 20b. IF YES, WIN CERT IFYIN	ERE FINDIN	GS USED
C.A.	TIF	MINE SELECTION				YE	s 🗱 NO	YES [NO [
1		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OF	CCURRED (E	NTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	21f. LOCATION STREET		CITY OR TO		COUNTY	STATE
1 2 1 3		obove, (i) (we) (did) (did n	pital) attended the deceased from $\frac{10/28}{1000000000000000000000000000000000000$, 01	d that in (<u>my</u>) (our) op	81, to	o 10/28 occurred on the de		nd from the o	
		22d. PHYSICIAN'S NAME (TYPE	John		ATTENDI PHYSICI 1220 ADDRESS		DICAL STAI		22c. DATE !	29/81
1		John E. Ad.	ams, M.D.		6701 N.			altimor	e, MD	21204
	23a I	BURIAL, CREMATION, REMOVA			EMETERY OR CREMAT		LOCATION CITY OR TOWN	C	OUNTY	STATE
111		Burial	Nov.2,1981				Overlea		Lto.	Md.
	24 R	obertoe. Ali	ENBURG FUNERARD		TIL TINC .	OGT	3 0 1981	256. REGISTRAF	GAM	Marth-

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diamental formation and a first transfer to the second sec TENNEAU LINE IN SECURITION OF THE PROPERTY OF TOTAL Control of the second of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME Anna LIBLE Ladbrook DOLE 20. DATE OF DEATH MONTH (TYPE OR PRINT) Loretta Anna LADBROOK October 28, 1981 3 SEX 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY) IF UNDER 24 HRS Female White March 26 1909 AR BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore, Md. USA Baltimore County DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Rossville 21237 Franklin Sq. Hospital Novelty Mfg. Machine Operator USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Maryland 13b Baltimore 13d. INSIDE CITY LIMITS? 13. 43 Ridgemor Rd. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME William Phelphs Jane Hide 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDREZ49 Orville Rd. 17 INFORMANT Nos, no or unknown) (IF YES, GIVE WAR OR DATES) 213 20 9425 Richard Ladbrook, Son Balto., Md. 21221 18 CAUSE OF DEATH (Enter only one couse per line for 10 , (b), and 1c)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardio-respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF B Renal Failure couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Hypotension CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Fibrillation; Diabetes Mellitus 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOW 210 ACCIDENT WAS UNDERLYING 71b TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, OFFICE FARM ETC.) CITY OR TOWN WHILE NOT WHILE 22a. I certify that (this haspital) attended the deceased from 19_81 81 . ond that in (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN Stephanie C. Fulton M.D. 9000 Franklin Square Drive 230 BURIAL CREMATION REMOVAL 231. NAME OF CEMETERY OR CREMATORY (SPECIF Burial 10/31/81 Holly Hill Memorial Gardens Baltimore Co., Md. 1407 Old Eastern Ave

DHMH - 16 50M(1/ III (VRA 15, 4)

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	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete, tilled in by the limins director and	should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2. Hir life find within 27 increases.	to burial, cremation, ar removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical exolution in the Lethicid or or
	DIRECTOR: After this certificate has been signed by	sched far use as the burial-transit permit. Then please	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	f Hem 21 is marked ar Hem 18 shows any injury, ar at
consec of	TO FUNERAL	should be dete	with the State	IMPORTANT:

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR

		REGISTRAR				CERTI	ICATE OF PEATIT	S - 100 - 100				
Н		OR PRINT)	M	HODLE	į.	AST	20. DATE O	20. DATE OF DEATH MONTH DAY YEAR				
		A	LORETTO		LAFF			October 21, 1981				
H	3. SE>		4 RACE					YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN		
		FEMALE	WHITE			BER 22, 1912		68 YRS				
Z	a BII	RTHPLACE (STATE OR I	76 CITIZEN OF V		NTRY? 8. MARRIE	D NEVER MARRIED		ORE CITY OR COUNTY				
2		ARYLAND		USA WIDON					imore Coun	-	MD.	
7		FALLSTON		11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FRANKLIN SQUARE HOS				OCCUPATION RK FOR MOST OF WORKING LII STRESS	K FOR MOST OF WORKING LIFET INDUSTRY			
6	130 5	AL RESIDENCE (# NURS TATE 1D.	OTHER INSTITUTION OF THE STATE	RESIDENCE BEFORE ADMISSION) 136 CITY OR TOWN ESSEX 136 INSIDE CITY LIMITS? YES \(\text{VES} \) NO \(\text{VES} \)			13e STREET	13% STREET ADDRESS 1618 GAIL RD. 21221				
Dat	14 FA	THER'S NAME		WIDDLE	LAS	T	15. MOTHER'S MAIDEN N		MIDDLE	14	157	
(JOHN	J	. BURGAN			CATHERI	KRAÛSE				
		VAS DECEASED EVER	MED FORCES?									
		NO			212-10	0-2776	BERTRAM LAF	FERTY 7	3A FENWAY	NORTH 21221		
	4	18 CAUSE OF DEAT	H Enter on	D DV						BETWEEN	XIMATE INTERVAL	
		PARTI. DEATH W		E CAUSE (D) H	ypovo	lemic Sh	ock					
-		436	0	DUE TO, OR	R AS A CONSEQUENCE OF					3.00		
		Conditions, if any,		((b) G	astro:	intestin	e Stress					
-	- 13	couse (o), statin			SEQUENCE OF	Ulcer	- 12					
		underlying couse			Recent Brain Stem Cerebrovascular Accident							
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIGE MYOCARDIA INFARCTION										
_	CERTIFICATION											
7	FICA	19a DATE OF OPERA	196 CONDITION FOR WHICH OPERAT				20a AUT	IN CERTIF	S, WERE FIND! FYING CAUSES	NGS USED S OF DEATH?		
-	ERTI	10/81	Bilateral Breast				YES 🗌	NO YE	Land .	NO 🗌		
7	AL CI	OR CONTRIBUTING	CAUSE OF DEA	HOUR A.A	MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTERN.	ATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)		
	MEDICAL	21d INJURY OCCURE		P.A.		19	21f. LOCATION			-		
	ME	WHILE NOT WH	TILE	(AT HOME, STRE	ET, FACTORY, O	FFICE, FARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE	
		22a.I certify that (this haspital) attended the deceased from October 4 19.81 to October 21 1									that (I) (lost	
- 1		sow the decease	ed alive on	Octobe	r 21	19 81 , or	nd that in (my) (💉) apınia	n death occurre	ed on the date and hou	19_81	couses stoted	
		sow the deceased alive an October 21 obave, (1) (xx) (did) (did xot) view the body after death. DEGREE									SIGNED	
		M. D. ATTENDING MEDICAL STAFF PHYSICIAN PORECTOR PHYSICIAN									21.81	
		PHYSICIAN S NAME INTO SEMBILITY 220 ADDRESS										
				berg					lin Square	Drive	21237	
	- 41	URIAL, CREMATION,	REMOVAL	23b DATE			EMETERY OR CREMATORY	CITY	ORTOWN	COUNTY	STATE	
	-	JRIAL INERAL DIRECTOR		10/24/1	981	MOST HO	LY REDEEMER		BALTIMORE REGISTRAR 256 REGIST	TD 4 D/C C/O	MD.	
		NAME	nnnen	T.D. 110147	AODI	RE55	0					
	M	ITCHELL-WI	LUEFE	LD HOME	6500	YORK RD.	21212		1981 Theres	2 Jan	Keither	
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STATE OF MARYLAND

FOR

4905 York Road

DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST

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TO THE RESERVE OF THE PARTY OF

Eurill 16 15/31 N. Sorrika Soverd County, Md. dece York House Balto., Mr. 21818

	1			STATE OF MARYLAND	0 1 0	2 7 0 7
6	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE O 1 2.	3 3 7 /
	1.00	REGISTRAR	MYDDLE	LAST	REG. NO.	
(A) 5		CEASED NAME FIRST	A	11.0001	2ª DATE OF DEATH MONTH	DAY YEAR 26 HOUR
de de		MARTHA		LANGAN	10	26 81/1.00 Th
	3. SE	× I	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONIHS DAYS HOURS MIN
ge Jrs o		Temale	White	7 17 192:	3 58 YRS	
h. Po		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
Jeath Junero		Pa	USA	WIDOWED DIVORCED [Baltimore C	ounty MD
he fu	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
By filed	M	iddle River		sh Avenue 2122		Coast Guard
Pe pe		AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN			13e. STREET ADDRESS	
C ould	Ma			Rivers No K		ch Avenue
thing tely 2 sh		ATHER'S NAME		15 MOTHER'S MAIDEN	NAME	
3 Pag 0530		John	A Strazi	k Julia	WIDDIE	Kiczko
S Co		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRESS	
Poge medi		yes, no or unknown) (if yes, give	181-14-	3542 Thomas J.	Langan 321 E	endsleigh Ave.
te b pers. al. the		Y	ly ane cause per line for 101, 161, 0		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys may rent,		PART I. DE ATH WAS CAUSE	DBY: Matait	atic ca of the	Lancreas	4 months
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or the		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF		
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sign sign hen to bu	Z	TAKEZ OTTEK SIGNIFICANT	CONDITIONS CONTRIBUTION TO	BOTHOT RECALED TO THE TE	AMINAL DISEASE OF CONDITION	SIVEIV IIV PART 110
been mit. I brior ony ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
hos hos	E	9-15-81	obstructive:	foundice due to		TIFYING CAUSES OF DEATH? YES \(\begin{align*} VES TO
N: They sold of the state of th	-	21g. ACCIDENT WAS UNDERLYING	215, TIME OF INJURY	1216 HOW INJURY OCC	JRRED (ENTER NATURE OF INJURY IN ITEM I	
phys phys phys phys raifico ol-trac fal Hy m 18		OR CONTRIBUTING CAUSE OF DEA				
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or a Afte		66.50	tal) attended the de <u>ce</u> ased from	9-8-81	10 10-6-8	Tio show Oversland
fal tal		saw the deceased oliver	10-6-81		on death occurred on the date and h	pour and from the courses stated
ATTE tospito ECTO ed for ot. of th	1	obove (1) we) (did) (did no	t) view the body ofter death.	DEGREE		27c, DATE SIGNED,
DIR DOR	1	Roberto to	nen	ATTENDING	MEDICAL STAFF	10/05/01
PITAL by t ERAL Store Store		22d. PHYSICIAN'S NAME (TYPE O		PHYSICIAN 220. ADDRESS	DIRECTOR PHYSICIAN	10/20/01
OSP led ld b the SRTA		0 0	C	ALL ADDRESS	1) —	1.1 7.12-11
etoined TO HOSP Should by with the		IKOBERTO U	, terrer	MD 1600 UA	ler DR- bws	ON MD 21204
Pm 2 1 1 1 2 1	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
BP	-	Burial	10/29/81 M	ost Holy Redeem		Md.
DHMH - 16 60M 1/75	24 F	UNERAL DIRECTOR	1 11	Bolair Poad	UV 0 2 1981 2 16	ISTRAC SIGNATURE

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1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	TYGIENE 8 1 2 5 3 9 8
9 1	DECEASED NAME FIRST	MIDDLE LAST	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR
	BABY	William R.LAWRENCE	OCTOBER 10, 1981 1:56
1.5	EX	4 RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	MALE	CAUCASIAN OCT. TO, 198	MONTHS DAYS HOURS MIN
35 70	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	D DALTIMODE CITY OF COUNTY OF BEATU
6	TOWSON		128 USUAL OCCUPATION 128 KIND OF BUSINESS CENTER 1 NORK FOR MOST OF WORKING LIFE) INDUSTRY
35 US	UAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. CITY OR TOWN 13d. INSIDE CITY LIMITS' YES \(\sum \) NO \(\overline{\text{Q}} \)	13e. SIREEI ADDRESS 8561 Gradien Drive
30"	FATHER'S NAME Roger	Dean Lawrence Joan	
1 160		MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	awrence (father)
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF (b) Alexander Deads DUE TO, OR AS A CONSEQUENCE OF (c) Mount necession CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE RES	Maceuto. RMINAL DISEASE OR CONDITION GIVEN IN PART 1101
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
MEDICAL CER	?]0. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 1B. PART 1 OR PART 2)
WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
	sow the deceased alive on	tol) ottended the deceosed from	, to, that (I) (we) I on death occurred on the date and hour and from the causes stated
_	22d PHYSICIAN'S NAME (TYPE C		MEDICAL STAFF DIRECTOR PHYSICIAN
7	KIRKOK	Kararian 6701 N.	CHARLES ST, TOWSON, MD. 21
	Burial, cremation, removal Burial	10/13/81 230 NAME OF CEMETERY OR CREMATOR St. Joseph	Balto. Md.
31	O705 Bolair	ATTENDED TO THE STATE OF	ATE REC'D BY REGISTRANDA REGISTRANDA CONTROL OF THE REC'D BY REGISTRANDA REGISTRANDA CONTROL OF THE REC'D BY REGISTRANDA REGIS

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Anatomy Board

STATE OF MARYLAND

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STATE OF MARYLAND

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		nale		White		5. DATE O		91	6	6. AGE (IN YEARS LAST BIRTHDAY) 90 YRS			IF UN	IF UNDER 1 YEAR IF UNDER 2.		
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	gove couse under	frons, if ony, rise to imm (a), stotin lying cause	which nediote g the lost.	(b)	R AS A CONSEQUE	NCE OF	Sie. deres	rie	45	var			GIVEN I	jes	wu.	
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Loudon Park Cemetery

DHMH - 16 50M 1/B1 (VRA 15, 4)

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MPORTANT: If He

(SPECIFY)Burial

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

10/22/81

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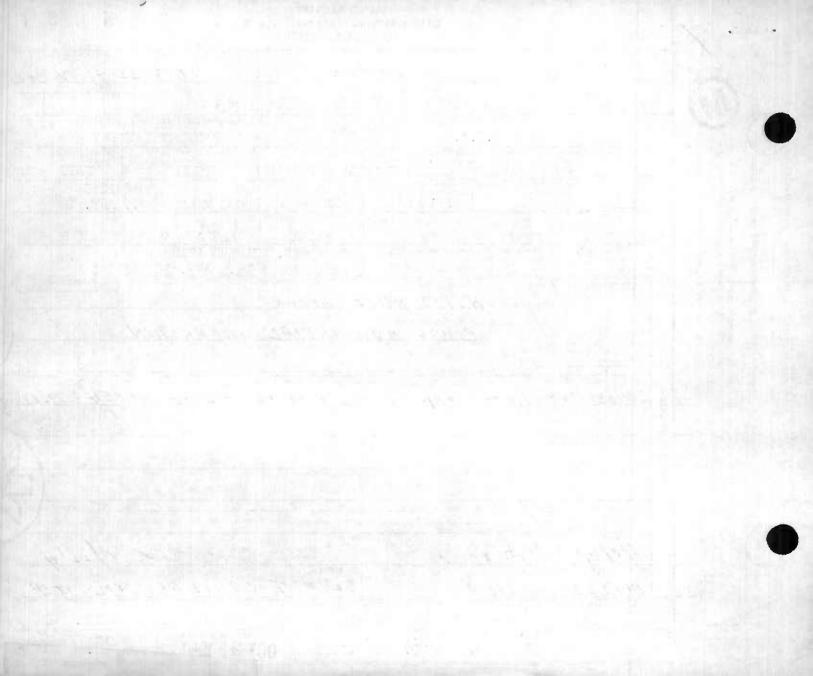
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-	18		1 -	STATE REGISTRAR		DEPARTI		ICATE OF D	MENTAL HYG DEATH	REG. NO.	6 3	-1 0 1
s 5		Ī		CEASED NAME FIRST OR PRINT) FACK	MIDDLE		LEE	AST BMW		20. DATE OF DEATH MONTH	DAY YEA	2b HOUR
1	and .	3	. SEX		4 RACE		S. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TY	EAR IF UNDER 24 HRS
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* /	1	7	o BIF	THPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	8.	NA ISLEED		9. BALTIMORE CITY OR COL		4
teoth men	2 0/	2		RUSSIA	U.S.A.		WIDOWE	D XXNEVER A	VORCED [BALTIMORE	COUNTY	MI
ofter o	1 8	3		Y OR TOWN OF DEATH	11. NAME OF HOSPIT	Y, GIVE STREET	ADDRESS)			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	ING LIFE) INDUST	
and a	- Se		_	RANDALLSTOWN I RESIDENCE (IF NURSING HOME OR	BALTIMORE (OUNT I		RAL HUS	SPITAL	BUTCHER		EATS
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ed v	o Vos			******		BOW		FA	IGA	MASHA	UNK	NOWN
ecut d co	es l	16		AS DECEASED EVER IN U.S. AR		OCIAL SECU	RITY NO.	17 INFORMA	MRS. M	ILDRED LEBOW		
be ex	. Poges		(4)	NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES))-30-2	2676			DR., APT. 1C	#21215	
ote l	ol.			18 CAUSE OF DEATH (Enter on	ly one couse per line for	(o), (b), on	d (c)				BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH
trfic oby	on po			PART I. DEATH WAS CAUSE	E CAUSE (0)	POTE	NSIV	E St	HOCK			
dina dina	or bo			41111)	DUE TO, OR AS A							
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hot t	ose r			underlying couse lost	DUE TO, OR AS A	CONSECUI	ENCE OF					
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equi	Ther to b		S O	CONGESTIVE	HEART 1	-A11.1	IRE I	ANITE	RENAG	L FAILILE	NABEL	ER IAFII
» Pee	prior		CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH	OPERATIO	N WAS PERFO		20a. AUTOPSY? 20b. 1	F YES, WERE FIN	IDINGS USED
he k on. hos	t per				Here's and					YES NO	YES T	NO [
Vsici ysici	Hygin 8 sh		E E	21a. ACCIDENT WAS UNDERLYING			. WEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART	2)
CIAI Ph Prifi	ntol me l	1	4	OR CONTRIBUTING CAUSE OF DEA		ONIH D	AY YEAR					
ding or su	Me Me		WEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJ			211 LOCATIO	N			
offer th	h ond rked		ξ	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACT	ORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
107 - 8	eolt s mo			22a I certify that (I) (this hospi	ol) ottended the deced	sed from_			., 19	, to	. 19	, that (I) (we) los
Pric	for of F			sow the deceased alive on above, (1) (we) (did) (did no) view the body ofter d	19_	, on	d that in (my)	(our) opinion o	death occurred on the date and	I hour and from	the causes stated
hos IRE	hed ept.			226 SIGNATURE	0			DEGREE			22c. D.	ALE SIGNED
AL C The	detoc ote D			Hopey -P	Alemi)			TTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	101	22/81
SPIT A by	AN			THE PHYSICIAN'S NAME (TYPE O	R PRINT)			22e. ADDRES	5		/	7.07
D HO	should b			HAFEEZ A	SYEDM	2-/)		BAL 111	MARE	COUNTY BEI	NERAL	NO3P.
D in I	4 3 3 3 3 3	2	3a. B	JRIAL, CREMATION, REMOVAL	23b. DATE	23 ()	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		
BP_				BURIAL	10-25-81				AL PARK	RANDALLSTOWN	v Balt	O. MD
	50M 1/81	2	4 FU	NERAL DIRECTOR SOL I	EVINSON &	BROS.	, INC.			E REC'D. BY REGISTRAR 256 DE	GISTRAP'S SIGN	VATOR Garthen
(VRA	(VRA 15, 4) 6010 REISTERST				TOWN RD.,	BALTO.	, MD	21215	00	1 28 1981 CA	ness J	

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)



		FOR			DEPAI		TE OF MARYLAND HEALTH AND MENTA	AL DVCIENE	12	1 2	in the	0 2
	1 -	STATE REGISTRAR			VI. A.		FICATE OF DEATH			REG. NO.	2	and all
	1. DEC	EASED NAME AI	bert		MIODLE	430	LEUTNE	R 20	DATE OF C		8/	26 HOUR 2 15
	3. SEX			RACE			OF BIRTH		GE (IN YEA	RS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	/	PALE		WHIT	8	6-		AR	89	YRS	MONTHS DAYS	HOURS MIN.
20		THPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTR	Y? 8.	ED NEVER MARRIE	9 B	ALTIMORI	CITY OR COUNTY	OF DEATH	
0		RYLAND	- 1	MITED	STATES	WIDOW		BI	ALTIN	ORE CO	YTUN	М
72	^	Y OR TOWN OF DE	ATH 1		HOSPITAL, NUR		OR OTHER INSTITUTIO			CUPATION OR MOST OF WORKING LIF	126. KIND O	F BUSINESS OF
G	-	SVILLE	/	MANOR	CARE	Ro.	SSUILLE			TITTER	LOCAL	L 438
5	13a. ST	0	136 COUNT	Υ	130 CITY OR TO	NWC	138. INSIDE CITY LIM YES NO	X 2	STREET AD	WAREHAI	4 ROP	10
20	_	HER'S NAME FIRST	M	DDLE	LA5T		15. MOTHER'S MAID			WIODEE	LAS	ī
G		BERT	LEUT!					ELV	IRA			
1		AS DECEASED EVER		WAR OR DATES	166 SOCIAL SE	CURITY NO.	17. INFORMANT			ADDRESS	. 00	21000
-		NO					IM. LAMBOI	IN 3	2029	WAREHA		21222
2	NOI	cause (a), stating underlying cause PART 2 OTHER SIGN OF OPERA	NIFICANT CO	ONDITIONS CO	cness	O DEATH BU	T NOT RELATED TO THE	emer 2	Strace OG AUTOP	SY? ZOB. IF YES	old me , WERE FINDIN YING CAUSES	IGS USED
5	CERT	16. ACCIDENT WAS UN		216. TIME O			21c. HOW INJURY O			RE OF INJURIAN ITEM IB P		NO []
	CAL	OR CONTRIBUTING		HOUR A.I	M. MONTH M.	DAY YEAR						
	X	THE TWORK TO NOT WE AT WO	RED	21e. PLACE O	_		211 LOCATION STREET	Protongag		CITY OF TOWN	COUNTY	STATE
		2s. I certify that (1) saw the decease above, HT(we) (ed alive an	/	0///10	0.	ond that in (payt (our) of	S/ opinian death	to	an the date and hou	-	that # (we) las couses stated
		2b. SIGNATURE	ME	met	,		DEGREE MD - ATTEND PHYSIC	ING MI	EDICAL RECTOR [STAFF PHYSICIAN	22c. DATE	SIGNED
1	1	2d, PHYSICIAN'S N	AME ITYPE OR	· TU	N		2110 Pot	+ Spr	mig .	Road 7	momin	um 1d2109
- 1	BU	RIAL, CREMATION, RIAL	REMOVAL	236 DATE 10 - 3		NAME OF A	CEMETERY OF CREMAT		BALT		COUNTY	ND STATE
100		NELLY	F. H . C	YNDALK	ADORES:	Solle	RS PT. RD.	OCT		981	RAR'S SIGNATI	JRE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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DHMH - 16 50M 1/B1 (VRA 15, 4)

1	1 - STA				DE		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE Ö	REG. N	2	5	0 4
9	1 DECEAS	ED NAME	Irma	0	WIDDLE	LINDER	RMAN	20 DATE O	FDEATH		AY YEAR	26 HOUR 2:29P
1	3 SEX Femal			4 RACE White			OF BIRTH 14 9. 1905 YEAR	6. AGE (IN)	YEARS LAST BIR	THDAY) MI	ONIHS DAYS	IF UNDER 24 HRS
35	Balt	ACE ISTATE C	Md.	USA		MARRI				e County		MC
51	Ross	rille 2	21237	Frankl	in Sq.	Hospita		Machin	OCCUPATI REFORMOSTO POPE	on Frator	12b. KIND CONTROL STRY	Mfg.
153 F	Mary	rland	Balti	other institution of the more		River	134 INSIDE CITY LIMITS?		WITS	on Pt.	Rd. 23	L220
130	14 FATHER	FIRST Ja	mes K			ST	15 MOTHER'S MAIDEN NA		Stewar		ĮAS	л
e medico	No No	ECEASED EVE		WED FORCES		SECURITY NO.	Annette D.	Applega	ate, 1		S	me
injury, or ather traumotic event,	Con gov cou und	ditions, if an erise to insect on state of the erise to insect of the erlying course.	WAS CAUSEI IMMEDIAT Thy, which mediate ting the se lost GNIFICANT C	DUE TO, OUE TO, Conditions	OR AS A CON ACUTE OR AS A CON CONTRIBUTION	Pulmona SEQUENCE OF Inferior SEQUENCE OF	Wall Myocars TNOT RELATED TO THE TERM TO Salid	MINAL DISEAS	e or con	DITION GIVE		MAJE INTERVAL ONSET AND DEATH
Auo smo		ATE OF OPER					ON WAS PERFORMED	20a AUTO		20b. IF YES,	WERE FINDIN	OF DEATH?
If them 21 is morked ar them 18 st	OR CO (1)F1 21d 1 21d 1 21d 1 22d 1 22d 1 2	ACCIDENT WAS U DITRIBUTING EITHER NOTIFY ME NJURY OCCU E NOT AT W certify that decect bove, U(we) IGNO TRE	CAUSE OF DEA	21e PLAC (AT HOME S	P.M. E OF INJURY STREET, FACTORY, of the deceased 19 dy ofter aleath.	H DAY YEAR 19 DEFICE, FARM ETC.) from Octo 19 81	211. LOCATION STREET Der 18 19 81 and that in (my) (our) opinion EGREE ATTENDING	to OC death occurre	city or to	~ 19 . It	COUNTY	
IMPORTANT: If Item 2	E	nrique	Herna	ndez/,	MD	/	PHYSICIAN 2220 ADDRESS 9000 Frank1		Dr.,		nore, M	17 - Q
/B1 (Bur	DOS-	Punera	10/22		Holly H	ill Memorial	Garden	Se town I	Baltimo Monos	P CON	ONE THE

STATE OF MARYLAND

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Total Company of the Company of the

New Trates but the transfer frames Many which

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

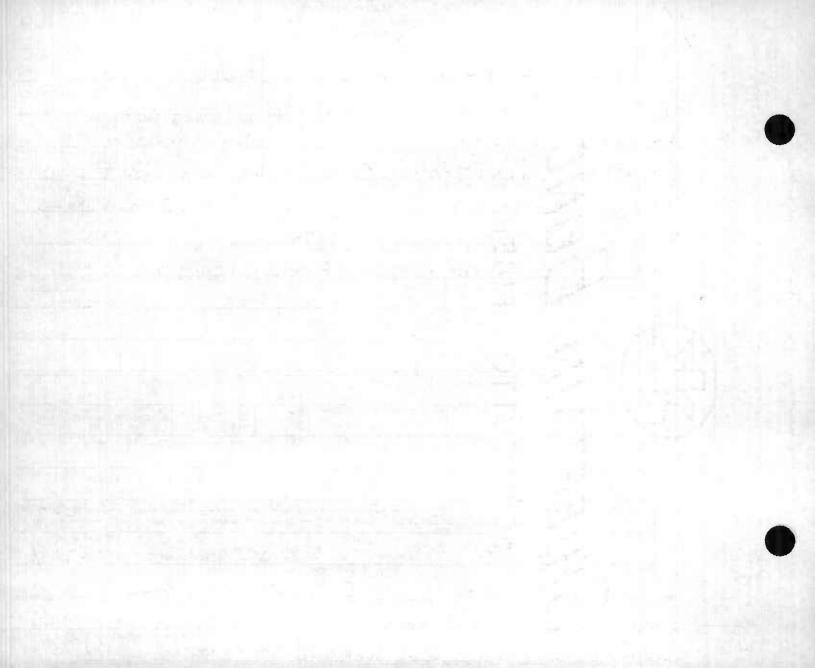
retained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the lumeral should be detached for use as the busiol-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with 77 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

13/	1.	FOR - STATE REGISTRAR	DEPARTM	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH	ENE B	Eva	5 4	0 5
1		CEASED NAME FIRST	WIDDLE	LA	51		MONTH DAY		HOUR
	3. SE	X PAIRICI	A IARIS	5. DATE OF		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN		M UNDER 24 HRS
	_	EMPLE	WHITE	MAG	LEBI LI HY	54	YRS.		DURS MIN.
Tonce.	03	IRTHPLACE (STATE OR FOREIGN)	CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED	BALTIMORE CITY O		DEATH DUNT U	1 MD.
Atified	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OF	OTHER INSTITUTION	120. USUAL OCCUPATION	ON 12	b. KIND OF BUILDUSTRY	
st be no	USU	AL RESIDENCE (IF NURSING HOME OR OSTATE 136 COUN	DTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 136, CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS 2	13e. STREET ADDRESS	12 Tre 2-1	151.	Lom.
and h	5	PARYLAND BA	-1	no	YES NO NO	17901	TROYS	R Ro	AD.
1000 A	Ro	ATHER'S NAME FIRST	Slimme R. S	R.	15. MOTHER'S MAIDEN NAM	WIDDLE	(ARNE	
medical	16a. V	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUL	RITY NO.	17 INFORMANT	ADDRE			
theme		110	918 99	40131	+ AMIL	1 RECOR	05	APPROXIMATE BETWEEN ONSE	E INTERVAL
event,		PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), one BY: E CAUSE (a) Mula.	ellele	· Cancer of l	lung-		6 Mores	1
mofic		1629	DUE TO, OR AS A CONSEQUE	NCE OF		3			
r frou		Conditions, if any, which gove rise to immediate cause (a), stating the	(b)	NCT OF	1002.0				
or othe	7	underlying couse last.	DUE TO, OR AS A CONSEQUE	INCE OF		WALT-			7.413
injury, ar ather traumotic	N.	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TERMI	nal disease or cont	DITION GIVEN IN	PART 1(a)	
or hem 18 shows ony in	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	
48 m		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM TO PART 1 C	OR PART 2)	
rked or he	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e: PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	vn c	COUNTY	STATE
IMPORTANT: If them 21 is morked		22a I certify tha (1) This bospite saw the deceased alive an above, (1) (we) (did) (did not	contouber 25 10 6	21 , one	that in my (our) opinion d	, to CCCC	, , , ,		(lost ses stated
IT: If her		22b. SIGNATURE	ow	D	EGREE ATTENDING PHYSICIAN	MEDICAL STAP	F	OZB 9,	_
PORTAN		226 PHYSICIAN'S NAME (TYPE OR	BOAS		220 ADDRESS	MAGA	ROAD		
≥		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	. 11	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COL	INTY	STATE
-		UNERAL DIRECTOR		ARK W	250. DATE	REC'D. BY REGISTRAR		SIGNATURE	170.
iu .	9.	NAME CHAPSIO	E Allimes ADDRESS	540		T 1 7 1001	Thomas	Yan 1	arthen

DHMH-16 30M 2/80 (VRA 15, 4)

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DIVISION OF VITAL

he Ld . becol accustn II.B. Haltimore County "fourerest" Tainer Hills I Sermel Vey effit anni O promisioli . 80 Trimbook sings [[awx all mas] 218-12-7986 curron M. L'ond. Miner 1778. W. Total Co. 15 Miles Student Co.

		STATE OF MARYLAND	
FOR	DEPAR	TMENT OF HEALTH AND MENTAL HYC	SIENE 8 2 5 4 U /
- STATE PEGISTRAR		CERTIFICATE OF DEATH	
	WIOD 5		REG. NO.
YPE OR ROINITY		1 40 1 60	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
MICH	HARD J.	LOGAN DR.	10-14-01 4
	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER /4 HRS.
11/0/0	1116:40	MONTH DAY 19 14	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	Th CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNTY OF DEATH
COUNTRY)	A CHIZENOT WHAT COUNTR	MARRIED ANEVER MARRIED	P-11)
14.	U.S.A.	WIDOWED DIVORCED	BAITIMORE MD
CITY OR TOWN OF DEATH			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
KANDALISTOWA	1 Balto Co.	Hospital	EMINEER Constructor
UAL RESIDENCE (IF NURSING HO			in the state of th
I STATE MA	1/1 ///.		13e STREET ADDRESS
TATHERICAL DA	MIMORE FIRES!		2 Greenwood Rd.
FIRST	MIDDLE & LAST	. IS. MOTHER'S MAIDEN NA	ME LAST
-Ames	H. LOGAN	Theres:	
			ADDRESS
	GIVE WAR OR OATES)	6563 Helanlas	en - Pibacicille Md.
	1,00.1		
PART I. DEATH WAS CAI	ISED BV.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMED	OIATE CAUSE (a)	LO RESPIRATION	LY ARREST
1 4100	DUE TO, OR AS A CONSEC	UENCE OF	
		= pupochapi	4L ONTARETIEN
gove rise to immediate		USAGE OF	
underlying couse lost	1 20210, 01110110011000		
DART 2 OTHER SIGNIFICAN	(c)		
ALCOHOLIO	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT KELATED TO THE TERM	AIN ALDISEASE OR CONDITION GIVEN IN PART TO 7
MICONTOCI (Albiton Willes	000-	- 1. KENAL
	1120	ore -osphagerere	TAIL
19a. DATE OF OPERATION	1120	HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS OSED 12
19a. DATE OF OPERATION	1120	ore -osphagerere	TAIL
210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICE	H OPERATION WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 12 IN CERTIFYING CAUSES OF DEATH?
	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH	H OPERATION WAS PERFORMED 21c HOW INJURY OCCUR	206 AUTOPSY? 206 IF YES, WERE FINDINGS OSED IN CERTIFYING CAUSES OF DEATH? YES NO NO
	19b. CONDITION FOR WHICH DEATH HOUR A.M. MONTH P.M.	H OPERATION WAS PERFORMED 21c HOW INJURY OCCURI	206 AUTOPSY? 206 IF YES, WERE FINDINGS OSED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTING CAUSE OF LIFELTHER NOTIFY MEDICAL EXAM	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	206 AUTOPSY? 206 IF YES, WERE FINDINGS OSED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTING CAUSE OF [IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	DEATH INER) 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211. LOCATION STREET	206 AUTOPSY? 206 IF YES, WERE FINDINGS OSED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
OR CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this ha	19b. CONDITION FOR WHICE DEATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE aspitol) offended the deceosed from	DAY YEAR 19 211. LOCATION STREET 19 219 211. LOCATION STREET	206 AUTOPSY? 206 IF YES, WERE FINDINGS OSED IN CERTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has sow the decreased alive	19b. CONDITION FOR WHICE DEATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) spitol) attended the deceased from	DAY YEAR 19 211. LOCATION STREET 19 219 211. LOCATION STREET	206 AUTOPSY? 206 IF YES, WERE FINDINGS OSED IN CERTIFYING CAUSES OF DEATH? YES NO PART 1 OR PART 2) CITY OR TOWN COUNTY STATE
OR CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this has sow the decreased alive	19b. CONDITION FOR WHICE DEATH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE aspitol) offended the deceosed from	DAY YEAR 19 211. LOCATION STREET 19 219 211. LOCATION STREET	206 AUTOPSY? 206 IF YES, WERE FINDINGS OSED IN CERTIFYING CAUSES OF DEATH? YES NO
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STATE OF MARYLAND

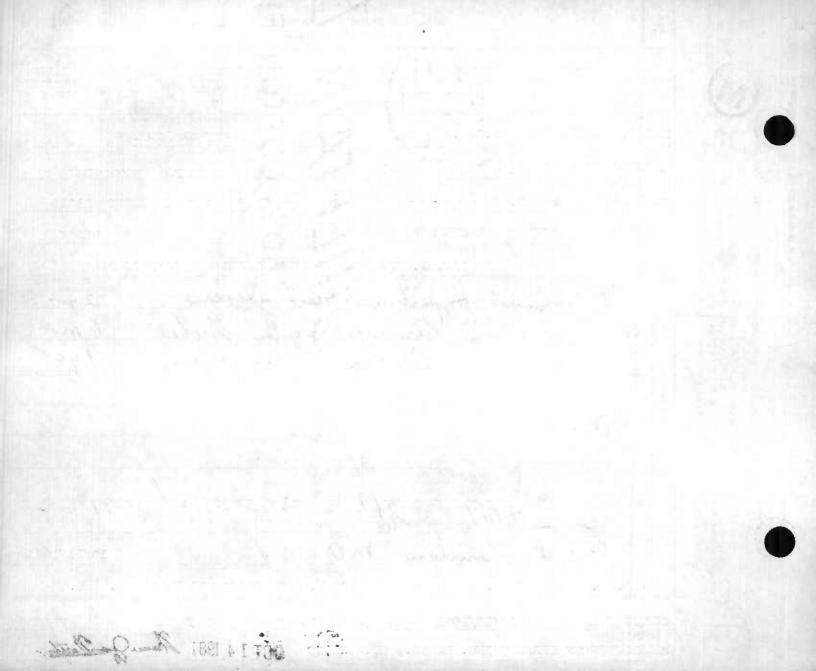
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	1	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 REG. NO.	2 5	4 1 0
1 7		CEASED NAME DE CORPRINT)	AN	ALB	ERT		EKAMP	OCTOBER 12,		3:00 A
(M)	3. SE	MALE		4. RACE WHI	TE	MON	OF BIRTH H CH 29, 1903	6 AGE (INYEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER MUNITHS DATE HOURS		
1 36		TTO., MARYL		0. CITIZEN OF		TRY? 8. MARRII WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO		MD.
by the filled within	EL	KRIDGE ESTAT	res	6130 A	LLWOOD	COURT	OR OTHER INSTITUTION	128 USUAL OCCUPATION 128 KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INTERIOR DECORATING		
nin 24 hau y filled in should be ermust be	130. M.A	RYLAND	BAL!	TY	13c. CITY OR AS IN	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6130 ALLWOOD	COURT 2	21210
ted withing the completely ond 2 should be considered.		JOSEPH	ALBÎ		LOWEKA	MP	15 MOTHER'S MAIDEN NA ELLA	WE		RNIG
icion ond cers. Pages 1.1.	160 \	NAS DECEASED EVER IN YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)		L.6605	MARGARET P.	LOWEKAMP SAM	E AS 13e	
equires that the death cern signed by the attending. Then please remove carbo to burial, cremation, or rehighty, or other froumatic enjury, or other froumatic	NO	Conditions, if any, w gove rise to immed cause (a), stating	hich liote the lost	DUE TO, OI DUE TO, OI DUE TO, OI (c) ONDITIONS CC	RAS A CONS	QUENCE OF COURTE OL TO DEATH BUT	Wanceder minist a	A Stroke	G IN GIVEN IN PART	mo.
G PHYSICIAN: The low real other of the service of this certificate has been as the buriol-transit permit. I and Mental Hygiene prior ked or item 18 shows any it	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLOOK CONTRIBUTING CAU LIFE EITHER NOTIFY MEDICAL THE INJURY OCCURRED AT WORK A WORK	YING SE OF DEAT	21b. TIME O HOUR A.I P.I	FINJURY M. MONTH M.	DAY YEAR	21c HOW INJURY OCCUR 211 LOCATION STREET		IF YES, WERE FIND CERTIFYING CAUSE YES EM 18 PART I ORPART 2)	S OF DEATH?
HOSPITAL OR ATTENDIN ined by the hospital or e FUNERAL DIRECTOR. After uid be deloched for use as the State Dept. of Health ORTANT: If them 21 is man		270. I certify that (1) (the sow the deceased obove, (t) (idid) 27b. SIGNATURE 22d. PHYSICIAN'S NAMI EARL L. CH2	lis haspite on Line (dagger)	view the body	ofter death	Carl	ATTENDING PHYSICIAN S	death accurred on the date or MEDICAL STAFF DIRECTOR PHYSICIAN SPRING LANE,	22c. DA1	'. E SIGNED '12/1981
BP O o o o o o o o o o o o o o o o o o o		BURIAL, CREMATION, REA (SPECIFY) REMATION		236. DATE 10/13			EMETERY OR CREMATORY PARK CREMATOR	23d LOCATION CITY OR TOWN	COUNTY	STATE IARYLAND

WALTER BROOKS BRADLEY INC. BALTO., MD. 21222

DHMH - 16 50M 1/81 (VRA 15, 4)



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DHMH - 16 50M 1/8I (VRA 15, 4)

	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENT		REG. NO.	5 4		2			
		CEASED NAME	FIRST	A	Walter	- I	A51		20 DATE OF DEATH MONTH D.	AY YEAR	26. HOUR				
	11112	ORPRINT	FRAN	IKLIN V	V MACK	KERT		1	10/1	/81	12.50	ORN			
	3 SEX	x		4 RACE		5. DATE C				FUNDER I YEAR	IF UNDER 24 H				
		Male		Whit	e	MONTH 4	24 19	ð07	74 YRS.	DNIHS DAYS	HOURS M	IN.			
-	Ja Bi	RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARR	OIED 🗆	9. BALTIMORE CITY OR COUNTY	OF DEATH					
5		Maryland	d	USA		WIDOWE			TOWSON Baltin	more	County	WAD.			
6		BALT IMOR		11. NAME OF H	OSPITAL, NURS HEACILITY GIVE STRE CHARLE	ET_ADDRESS)_	GBMC	ION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Maintenance	12b. KIND O INDUSTRY	F BUSINESS	OR			
~ ~	JUSUA	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFO		AND INCIDE CITY II			100411		. M			
15		Ad.	Balt		Cockey		13d INSIDE CITY LI		13e. STREET ADDRESS 10913 Hollow F	load.					
-7	14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MA	IDEN NAM	ΛĒ						
50		Joseph	^	A.	Macke	ert	Mar	v	Elizabeth						
1	160 V	VAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS	11 00					
-		YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	220-14	-0983	Mr. Wi	llian	n F. Mackert 109	13 Ho	llow F	Rd.			
		18 CAUSE OF DEAT	H Enter anl	y ane cause per	line far (a), (b), g	and (c)			4						
		PART I. DEATH W	AS CAUSE	BY: E CAUSE (a)	arterus	sclere	tie car	Com	ascular disease			111			
		4290)		AS A CONSEQ	UENCE OF				0					
		Conditions, if any,	which	(16)	AS A CONSEG	UENCE OF									
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF													
		underlying cause		(c)	AS A CONSEO	UENCE OF									
		PART 2. OTHER SIGN	VIFICANT C		INTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CONDITION GIVE	N IN PART 10	0.	=			
	ON N	SWIND OF		- XIII											
-	CERTIFICAT	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	D	20a AUTOPSY? 20b. IF YES,	WERE FINDIN	IGS USED	_			
L	TIF	A STATE OF							YES NOT YES		IN PART 1(a. PART 1(a. PART 1(a. BETIMEN NO DE ATHER ATHE				
1	CER	210 ACCIDENT WAS UND		216. TIME OF		DAM MEAD	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PAI		1 12:50 PN DERIVEAR OF UNDER JA HRS. DEATH OF COUNTY MD. B. KIND OF BUSINESS OR DUSTRY OUNTY VIlle, M. Cockeys- Weaver 3 Hollow Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSES OF DEATH? NO [] RPART 1/0. RE FINDINGS USED CAUSES OF DEATH? NO [] RPART 2) OUNTY STATE STATE STATE S				
1	AL	OR CONTRIBUTING		11	a. month i	DAY YEAR									
	MEDICAL	21d. INJURY OCCURE		21e PLACE C	OF INJURY		21f. LOCATION								
	_	WHILE NOT WH			EET, FACTORY, OFFICE		STREET		CITY OR TOWN	COUNTY	STATE				
89		220.1 certify that	This haspite	al) attended the	deceased from		9/8 19	77	10/1	, 81	tho (B (we)	last			
		saw the decease above (we) (o	ed alive on	8(1)	19	KI an	d that in (my (our)	opinion d	eath occurred an the date and hour	and from the					
		22b. SIGNATURE	a A	View the bady a	atter death.	16.	DEGREE			22c. DATE	SIGNED.	_			
		1/4	4	_>				DING	MEDICAL STAFF DIRECTOR PHYSICIAN	10/8	3/8/				
1		224 PHYSICIANS NA	AME IN PARA	KINT) IIA	SERSA		22e ADDRESS	ICIAI L	DIRECTOR E THIS CIATE						
1		DR MARI	K-KAP	FAN LIVE	20100A		16918	Vork	Rd., Monkton						
	230 B	URIAL, CREMATION,	REMOVAL	23b DATE	230	NAME OF C	EMETERY OR CREM		23d LOCATION			=			
	P	Buried /	22	10/5/8	31 P	oplar (Cemetery	I	Baltimore Co	untv.	Md. STATE				
		INERAL PIRECTO	11/	Janen en	1				REC'D. BY REGISTRAR 256. REGIST	R'S SIGNAT	URS				
	J	E. Low	ell L	emmon	, 10 W.	Pado	nia Rd.	OCT	13 1981 Frances	Jan	arthen				

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FOR

REGISTRAR

- STATE

MONTHS DAYS BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR INDUSTRY 014 ADDRESS APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 19 01 and that in (my) (aur) apinian death accurred on the date and have and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN COUNTY BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATUR 24. FUNERAL DIRECTOR DHMH-16 25M CONNFLUY (VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

DAY

YEAR

IF UNDER I YEAR

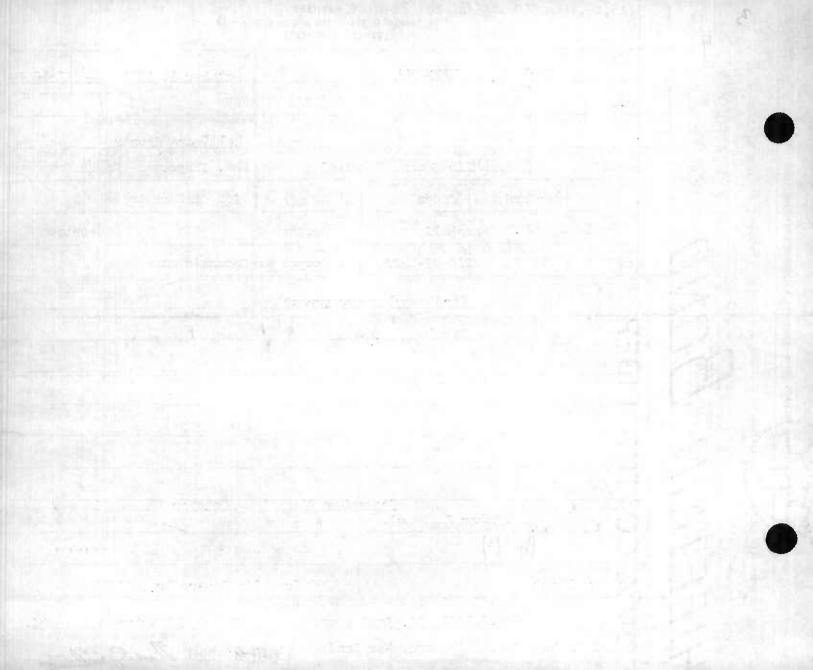
2h HOUR

UNDER 24 HRS

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	TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page etained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral direct
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	÷	>
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		ECEASED NAME	FIRST	^	MIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	3. SE	· V	Paul	RACE	MARSHAL	5. DATE O	V. 0.0711	October			3:15
	3 36	Male	441	White			1 24,1914 ^{EAR}	67	M	ONTHS DAYS	HOURS
35	Jo. 8	IRTHPLACE (STATE OR COUNTRY)	FOREIGN 7	USA	WHAT COUNTRY?	9	□ NEVER MARRIED 🏝	Baltimore city			
57		ITY OR TOWN OF DE Rosedale	1	Frank	lin Squar	e Hos	pital	126 USUAL OCCUPAT	ION	126. KIND O	
35	M	AL RESIDENCE LIF NUR STATE d.	IS COUNT Harfo	ord	13c. CITY OR TOWN	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ırn Dri	ve	
20	14. F	ATHER'S NAME Paul	W	^{001E} • Mai	rshal ^{us} ī		Bertha	WE		Rober	tson
2	160 \	WAS DECEASED EVER			166 SOCIAL SECU 220-03-90		17 INFORMANT Mr. Jospeh N.	ADDR Zaccaria :			
er rigumanic eve		18 CAUSE OF DEAT PART I. DEATH V Conditions, if any gove rise to im couse (o), statiu	AS CAUSED IMMEDIATE , which mediate ng the	DUE TO, OR		ulmona	ery arrest ostate			APPROXI BETWEEN (MATE INTER
any injury, ar ather traumatic eve	CATION	Conditions, if any gove rise to immodellying couse	which mediate has the lost.	BY: CAUSE (b) DUE TO, OR (b) DUE TO, OR (c) ONDITIONS CO	Cardio-ple AS A CONSEQUE Carcinoma R AS A CONSEQUE CONTRIBUTING TO DE	ulmona NCE OF A. pro		NINAL DISEASE OR CON 20g. AUTOPSY?	20b. IF YES,	N IN PART 11c	IGS USED
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or Item 18 shaws any injury, ar other traumatic eve	MEDICAL CERTIFICATION	Conditions, if any gove rise to imm couse (a), statis underlying couse PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNIOR CONTRIBUTING CONTRIBUTIONS CONTRIB	AS CAUSED IMMEDIATE , which mediate ng the lost. NIFICANT CO	BY: CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) DNDITIONS CO 21b. TIME OF HOUR A.A. 21b. PLACE C	Cardio-pi R AS A CONSEQUE Carcinom R AS A CONSEQUE DITION FOR WHICH FINJURY M. MONTH DA M.	Ulmona INCE OF INCE OF OPERATION AY YEAR 19	OS tate NOT RELATED TO THE TERM N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USEE OF DEAT NO
n 21 is marked or Item 18 shows any injury, or other traumatic event, the		PART I, DEATH V Conditions, if any gove rise to im couse (a), statiunderlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR WMILE OF OPERA WMILE OF OPERA 22a.1 certify that ()	AS CAUSED IMMEDIATE , which mediate ng the lost NIFICANT CO TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospito	BY: CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) DNDITIONS CO 19b. CONDITIONS 21b. TIME OF HOUR A.A. P.A. 21c PLACE C IAT HOME STRE	Cardio-pi R AS A CONSEQUE Carcinom R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. P INJURY ELEL FACTORY OFFICE FA	Ulmona NCE OF NCE OF OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 21c. HOW INJURY OCCUR	20s AUTOPSY? YES NO RED (ENTER NATURE OF INJURED) CITY OR TO	20b. IF YES, IN CERTIFY YES	WERE FIND IN ING CAUSES COUNTY STICOP PART 2)	GS USECOP DEAT NO
If Nem 21 is marked or Nem 18 shows any injury, or other traumatic eve		Conditions, if any gove rise to imm couse (a), statis underlying couse PART 2. OTHER SIGN OF CONTRIBUTING (IF EITHER NOTIFY MEDICAL INJURY OCCUR WHILE NOTIFY MEDICAL INJURY OCCUR WATWORK NOTIFY MEDICAL INJURY OCCUR WHILE NOTIFY MEDICAL INJURY OCCUR WATWORK NOTIFY MEDICAL INJURY OCCUR WHILE NOTIFY MEDICAL INJURY OCCUR WATWORK NOTIFY MEDICAL INJURY OCCUR WATWORK NOTIFY MEDICAL INJURY OCCUR WATWORK NOTIFY WELLOW THE WATWORK NOTIFY WE	AS CAUSED IMMEDIATE , which mediate ng the lost. NIFICANT CC TION DERLYING CAUSE OF DEATH CALEXAMINER) RED did (this hospito ed alive on edd) (day ng)	BY: CAUSE (a) DUE TO, OR (b) DUE TO, OR (c) DIPPORTOR CO 196 CONDITIONS CO 216 THOUR A.A. 21e PLACE C IAT HOME STREE (1) ottended the View The Body (1)	Cardio-pi R AS A CONSEQUE Carcinom R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. P INJURY ELEL FACTORY OFFICE FA	Ulmona INCE OF INCE OF OPERATION AY YEAR 19 ARM. ETC.) SEPTE	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION STREET 221. LOCATION STREET 231. LOCATION STREET 2419 81 d that in (n) (our) apinion DEGREE	20s AUTOPSY? YES NO RED (ENTER NATURE OF INJURED) CITY OR TO	20b. IF YES, IN CERTIFY YES BRY IN ITEM 18 PAR	WERE FIND IN ING CAUSES COUNTY STICOP PART 2)	IGS USEGOF DEAT NO [
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njury, or other troumotic

MPORTANT: If Item 21 is morked or Item 18 shows or

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8
CERTIFICATE OF DEATH

8 1 2 5 4

1	- STATE REGISTRAR				CERTIF	ICATE O	F DEAT	H		REG.	NO.			
	CEASED NAME	FIRST	N	MDDLE	ı	LAST			20 DATE	OF DEATH	MONTH	DAY	YEAR	2b HOUR
(i ir	CORPRINT)	JOHN	1000		MARS	IGLIA	1				10-	21-8	31	6:45p
3 SE	Х	4	RACE		5 DATE C				6. AGE (I	N YEARS LAST	BIRTHDAY)	IF UNI	DERIYEAR	IF UNDER 24 HRS
	Male	200	White		MONTH	27	190)4	77		YRS	MONTH	DATS	HOURS MIN
	IRTHPLACE STATE OR F	FOREIGN 71	CITIZEN OF V	WHAT COUNTRY?	8	D X NEV		ED 🗆	9 BALTIN	ORE CITY	OR COUN	TY OF D	DEATH	
T	OWS ON	1	ST.	IOSPITAL, NURSIN H FACILITY, GIVE STREET A TOSEPHS H	OSPIT		INSTITUTIO	NC		or for mos tired				F BUSINESS OF
73a :	At RESIDENCE IF NURS	I DE COUNT		GIVE RESIDENCE BEFORE 134 CITY OR TOWN Balto		13d INSIC	NO		13e STREE	T ADDRESS	517 N	. Ch	arle	s St.
14 F/	Joseph	MI	Mar	siglia			Josep		ME	WIDDLE			ia LAS	
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFO	RMANT			ADD	RESS			
,	no or unknown)	(IF YES, GIVE Y	WAR OR DATES)	216 32 (0550	Hen	riett	a S.	. Mar	sigli	a	Sam	ie	
z	Conditions, if any, gave rise to imm couse (o), statin underlying couse	nediote ig the lost	(b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF						NDITION	SIVEN IN	PART 10	0'
CERTIFICATION	19a DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	n was pe	RFORMED		20a AU YES [X	TOPSY?	IN CER			NGS USED OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEATH	P.A 21e. PLACE C	A. MONTH DA A. DEINJURY	19	211 LOC	ATION	OCCURR	RED (ENTER	NATURE OF IN				
₹	WHILE NOT WH	RK		EET, FACTORY, OFFICE, FA			IREET			CITY OR	TOWN		OUNTY	STATE
	saw the decease obove, (1) (we) (c				81 - , or		, 19, X (our)			10-21 red on the	date and h	our and	from the	that X (we) located
	226 SIGNATORE	254525				DEGREE	ATTENI	DING	MEDICA		AFE		22c DATE	SIGNED
	3a- "	· 4	مدما	_				CIAN [MEDICA DIRECTO	R PHYS	AFF ICIAN [10-2	22-81
	22d. PHYSICIAN'S NA					22e ADD	RESS				THE P			
	LAWRENCE	F. M	ISANIK,	M.D.		7	620-	YORK	ROAD	, TOW	SON M	D. 2	21204	

24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home 6500 York Rd.

23b. DATE

10/26/1981

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

Dulaney Valley Mem. Gds Cockeysville Balto Md.

Press Vork Rd.

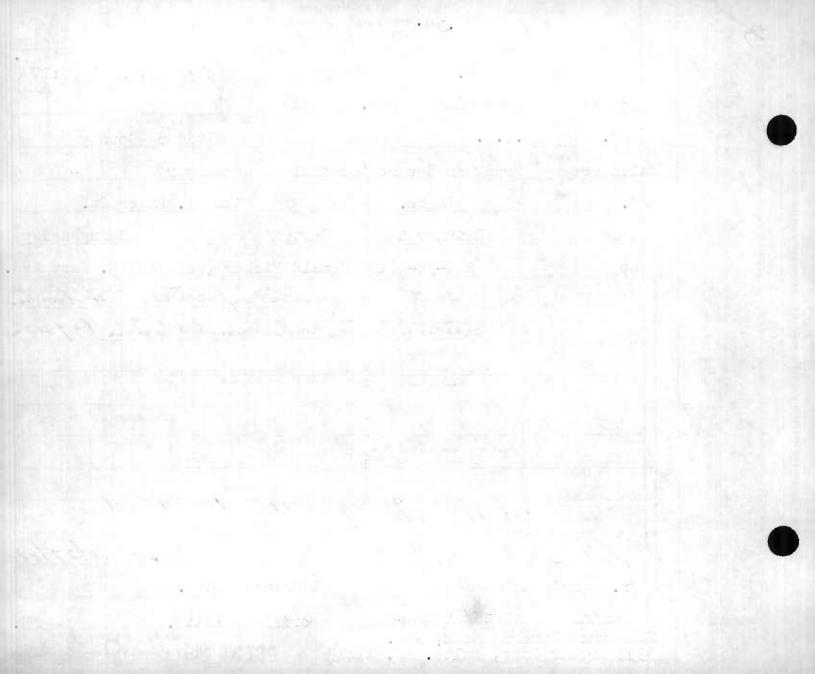
23d LOCATION
CITY OF TOWN
BY REGISTRAR'25b. REGISTRAR'S SIGNATURE

27 1981

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(VRA 15, 4) 1/79

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. Wesville, M.	Estrona mil	5893 5	,F2.24J	T-110H



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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

George	2	al	8	

1	REGISTRAR XC 1	3 527 973	C	ERTIF	ICATE OF DEATH	REG. N	10		
	ECEASED NAME FIRS	ī	MIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
,	WAYNE	THOM	ias m	ATT	HEWS		10 1	2 81	5:10 PM
3 51	X	4. RACE	5.		OF BIRTH	6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS
	MALE	WHITE		5	24 21	60		ONTHS DATS	HOURS MIN
7a E	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
1	OHIO	U.S	A	MARKIE VIDOWE		BALTIMORE	COUNT	Y	MD
10 (CITY OR TOWN OF DEATH		HOSPITAL, NURSING H		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
	ORT HOWARD		EDICAL CEN		THE REAL PROPERTY.	Central Of:			ohone
13a		ME OR OTHER INSTITUTION COUNTY ARFORD	GIVE RESIDENCE BEFORE ADA 13¢ CITY OR TOWN JOPPA	MISSION)	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 2521 JERU	SALEM	ROAD	
14 F	ATHER'S NAME	MIODLE	LAST	7,2	15. MOTHER'S MAIDEN NAM	ME MIDDLE		145	c.T
	Thomas	Ralph	Matthews	3	Mary	Margare	t	Harsch	ì
	WAS DECEASED EVER IN U.S		166 SOCIAL SECURITY	Y NO.	17. INFORMANT	ADDR	ESS		
	(YES NO OR UNKNOWN) (IF YES	es, Give war or Dates)	213 18 73	101	CLINICAL RECO	ORDS, VAMC,	FORT	HOWARD	, MD
	18 CAUSE OF DEATH Ent	ter anly one cause per					Lunch.	BETWEEN	MATE INTERVAL ONSET AND DEATH
16		EDIATE CAUSE (a)	CARDIAC A	RRE	ST			MI	N.
	Conditions, if any, which		RAS A CONSEQUENC	E OF	TATLITAT			HO.	URS
	gove rise to immediate							100	ono
	underlying cause las	DUE TO, OI	CHRONIC O	BST	RUCTIVE PULMON	NARY DISEAS	E	YE	ARS
Z	PART 2. OTHER SIGNIFICA				NOT RELATED TO THE TERM			N IN PART 110	a
CERTIFICATION	190 DATE OF OPERATION	19h COND	TION FOR WHICH OP	ERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
THE						YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
Ü	210. ACCIDENT WAS UNDERLYIN	Links to	FINJURY M. MONTH DAY	YFAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	RT (OR PART 2)	
CAL	OR CONTRIBUTING CAUSE O	OF DEATH		19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	PTC 1	211. LOCATION	CITY OR IC	OWN	COUNTY	STATE
2	AT WORK NOT WHILE] [MINOME. STR	BET, FACTORY OFFICE, FARM,	, 610.1	3,000				314.6
1	220.1 certify that 20) (this I				7/7 19 80	to10/1	2	981	that (we) last
	saw the decease abave white	view the body	19_81 diter death.	, or	d that in (My) (aur) apinion o	deoth occurred on the d	ote and hour	and fram the	causes stated
H	22b. SIGNATURE	huan			ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	12/81
	22d PHYSICIAN'S NAME	TYPE OR PRINT)			22e. ADDRESS	, , , , , , , , , , , , , , , , , , , ,			
	CHRISTINA B	. FELICIAN	O, M. D.		VAMC, FORT I	HOWARD, MAR	YLAND	21052	
	BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d. LOCATION	II	COUNTY	Md. STATE
	Dultat	Odt. 15,	TSOT MOUL	lain	Christian Ce	m. Jöppä	nai	rford	MG.

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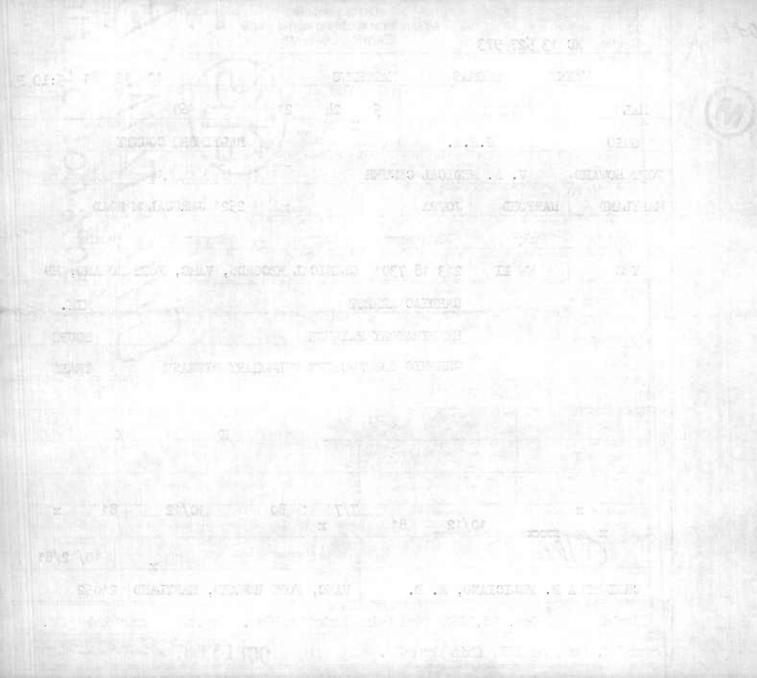
should be detached for use as TO FUNERAL DIRECTOR

MPORTANT: If them 21 is morked or Item 18 shaws any

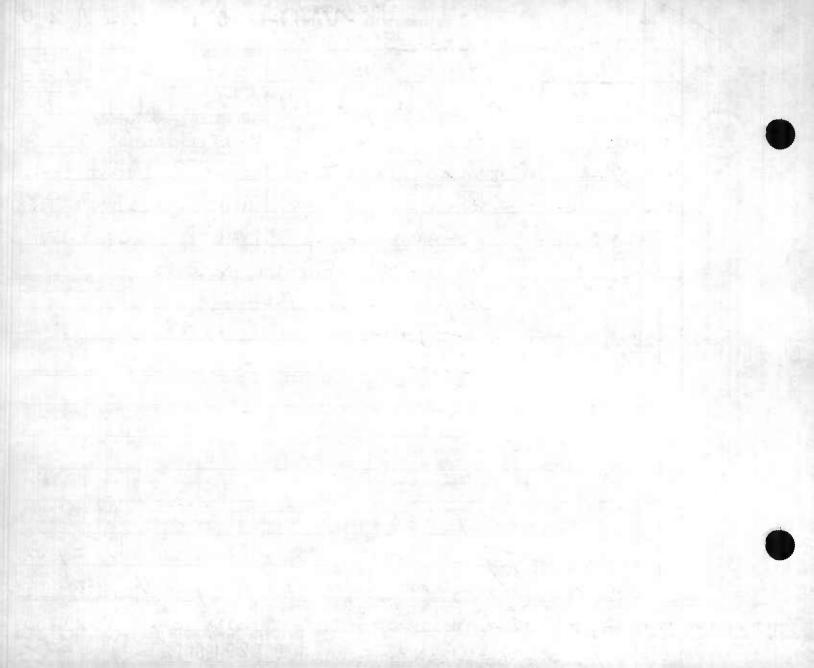
DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md.

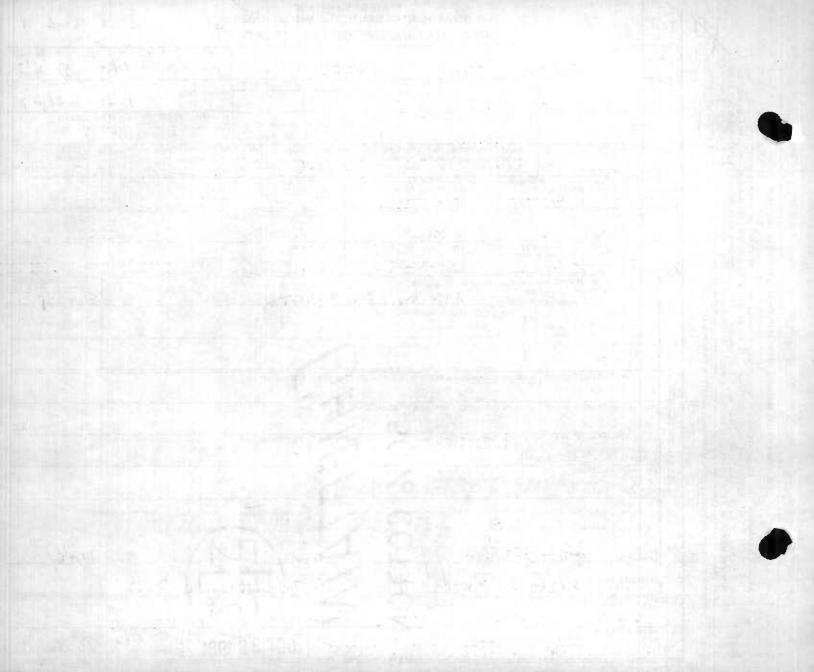
OCT 1 5 1981 Name Jan Martlan



-	V	FOR	DEBAR		OF MARYLAND	8 1	2542
10	1.	STATE REGISTRAR	O O O		EALTH AND MENTAL HYG ICATE OF DEATH		6.0
/ 1	1 05	CEASED NAME FIRST	1 1AG PAI	E P S	AST.	REG. NO	
ula eag	TYPE	ORPRINT)	Alica			M - 1-	- 11 . (1) 10
	-	Ph.pps	Hlice		nay	OCT,	- 7
111	3 SE	× = 11	4 RACE	5 DATE O	DAY, YEAR	6. AGE IN YEARS LAST BIRTH	MONTHS DAYS HOURS
-		F	W	Mar	718 1906	15	YRS.
I III I G	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	TE CITIZEN OF WHAT COUNTRY	/? I MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
別能7	1	nicH.	U.S.A.	WIDOWE		BALTIM	ORE COUNTY
-	10 C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (§ NOT IN SUCH FACILITY, GIVE STRE) 		R OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	
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Examiner man	USU.	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO		134 INSIDE CITY LIMITS?	13r. STREET ADDRESS	
\$5	5	10. BAL			YES NO W	WITHSILV	ER SPRUCE T
exac	14. F#	THER'S NAME			15 MOTHER'S MAIDEN NAM		
C050			SHAF	Ron	Alics	MAY	CARRIER
a l	16a ∨	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC		17 INFORMANT	ADDRE	9 1111
t, the n		(IF YES, GIVE	WAR OR DATES)	2702	Family	1 RSCOR	201
al.			be and a super for the thing	<u> </u>	11111118	1 112001	APPROXIMATE INTERV
on, or removal. traumatic even			y ane cause per line far (a), (b), o	and i	T. C.St.	inch	BETWEEN ONZET AND D
or re imat		IMMEDIAT	E CAUSE (a)	210.	مر المراجع	1	
		4719	DUE TO, OR AS A CONSEO	UENCE OF	e for tox	157	9
ther		Ganditions, if any, which gave rise to immediate	(b))-5110	1-1101		
or o		cause (a), stating the underlying cause last	DUE TO, OR AS TONSEO	UENCE OF	Brank	1, h	conditions
urial ury,		PART 2 OTHER SIGNIES AND C	ONDITIONS CONTRIBUTING TO		NOT BELATED TO THE YEAR	· / › /	Second the base of
Then please remove or to burial, cremati any injury, or other	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RECATED TO THE TERM	INAL DISEASE OR CONL	THON GIVEN IN PART I(d)
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
s shows	꼺					YES NO	IN CERTIFYING CAUSES OF DEATH
Hygiene n 18 sho	ERT	210. ACCIDENT WAS UNDERLYING	218. TIME OF INJURY		21c HOW INJURY OCCURR		
Item		OR CONTRIBUTING CAUSE OF DEA	1			31	
Mental I	MEDICAL	(# EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21st PLACE OF INJURY	19	21f LOCATION		
is marked or Item 18	¥	WHILE NOT WHILE	LAT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.I	STREET	CITY OR TOW	N COUNTY STA
S S		AT WORK			- 61	014	E 81 1
21 2			al) attended the deceased fram	/ /	d sheet in (Su) (Sur) Species	, to	19 8 1, that /11 (w
Dept. of If Item		saw the deceased alive an abave/() (we) (did) (did not) view the bady after/death.	0 /		seath accurred an the ga	te and haur and from the causes stat
Dept.		226. SIGNATURE			DEGREE ATTENDING	MEDICAL _ STAF	221 DATE SIGNED
NT.		William h	Type	MY	PHYSICIAN E	DIRECTOR PHYSIC	IAN 10-24
ATA		226. PHYSICIAN'S NAME (TYPE OF	HENTY /	-	22R. ADDRESS	1/ :	11 11
With the State D		Wm, 19.	7450m 1	n.O.	BOX 158	Mings	Ville, Md. 7
₹ ≥	23a [BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	METERY OR CREMATORY	23d. LOCATION	COUNTYSTATE
		ORIAL	^	AROST	04	10	SALTO MARYLA
0.0514		JNERAL DIRECTOR				REC'D. BY REGISTRAR	Sh. REGISTRARY SIGNATURE
6 25M 4) 1/79	5	NAME FLOCOS	ADDRESS ADDRESS	20 Has	Eman Ro. Dr	T 29 1981 b	Tourses Van Tarth



/		1	505	STATE	OF MARYLAND		0 10 1
n	OS.	1-	FOR STATE		EALTH AND MENTAL HYGI		25421
0	X	1 DE	REGISTRAR CEASED NAME FIRST	MEDICAL EXAMINE	R'S CERTIFICATE OF DI	REG. NO.	
1.4			E OR PRINT)		u i = IN	20. DATE KNOWN TO	MONTH DAY YEAR 26, HOUR
	PLEASE ECTOR. R FILES. HOURS STREET,	3. SEX	Nos 7	S. DATE OF BIRTH 16 AGE (IN YEARS	MZEK	DEATH MATED	16/24 198/ 10 4 M
	STR			MONTH DAY YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.	PRONOUNCED	2000
	19070	-	ALE CAUCASIA	FEB. 7 1942 59 rs.		DEAD 9. BALTIMORE CITY OR	16 81 19 0 / 16 1 W
9	號門35		ARYLAND		MARRIED XXNEVER MARRIED [DATTIMODE	
	当年15世200	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, C	OR OTHER INSTITUTION 120.	USUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRYMD
	S E Z O		PIKESVILLE	TN FRONT OF 577416 MO	1, 313	PPLY OFFICER	ST. PENITENTIA
		USU / 13a. S	IL RESIDENCE (IF IN NURSING HOME	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN		STREET ADDRESS	
21201	SHOULAND SHO			IMORE PIKESVILLE		7422 MONITA R	RD. (21208)
		14. F/	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
RE, A	AGES 1		SAMUEL H.	MAZER	FLORENCE		MILLMAN
MO	WaO.Z	(Y	VAS DECEASED EVER IN U.S. AR	AR OR DATES)		ADDRESS	
BALTIMORE, MD.	A G I I I I I I I I I I I I I I I I I I	1/2	WWII ARM		MRS. FAYE L	EE MAZER 7422	
	HOURS A 1B. G AG WIT MIT. PA		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	one couse per line for (o), (b), and (c).)	10001		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SN	ERW ERW		The state of the s	CAUSE (O) ROTE MYOCEN	Mel Interating		Smarshin
STC	IN I		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF			
OC.	WITHIN VCIL IN INER A RANSIT TAL HY MOVAL	100	gove rise to immediate	(b)			
× ×	XAN XAN XAN MEN		couse (o) stating the <u>under</u> lying cause lost.	DUE TO, OR AS A CONSEQUENCE OF			
5, 30	AL END ON, O		BART 2 OTHER CICNICICANT CONDITIONS	(c)			
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST	O'ULID BE EXECUTED WITHIN 24 HOUR? O'PENDING" IN PEROIL IN 1TEM 18.0 HIEF MEDICAL EXAMINER ALONG WI USED AS A BURIAL:TRANSIT PREMIT, D. P. HEALTH AND MENTAL HYGIENE, DIN C. CREMATION, OR REMOVAL.	Z	TAKE 2 OTHER SIGNIFICANT CONDITIONS	NTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINA	L DISEASE DR CUNDITION GIVEN IN PART 1 (a).		
%EC	PEN	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED?		20. AUTOPSY?
IAI		IFIC					YES NOXX
P V	ATE SH E WORD THE CH LD BE U	ER	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM 18 PA	
NO.	SEOSED-		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR EATH P.M. 19			
/ISIC	ING ING ED T S SH SIOR	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME,	21f. LOCATION STREET		
ă	VRI VRI VRI CE	¥	WHILE NOT WHILE (STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	ST S		22a. I certify that I took chara	of the remains described above, held on	Autopsy , Inspection	, Inquiry , and	in my opinion
	EXAMINER CERTIFICATI ULD BE FOI DIRECTOR: WITH THE ARYLAND, 2		Committee of the second	couses Accident . Suicic		determined monner	m my opinion
	EXAN CERTI UID E DIREC WITH		0 1	-11 -1	TITLE (SPECIFY)		
	1 O -1 + >		ACTUAL SIGNATURE	2 Fellen 11	M.D. DONG N	SEDICAL EXAMINER	DATE SIGNED 14218/
	MEDICAL I		EVALUEDIC NIAME	= 01 1/V 100A			
	₹ 22 × ₹	-	EXAMINER'S NAME STANK	4 L- GRIJENDA J VIKI	ADDRESS 7039 LT	party red 3/21	
	EXEC EXEC PAGI TO P	23a.B	JRIAL, CREMATION, REMOVAL		TERY OR CREMATORY 23d	LOCATION	COUNTY STATE
	BP		BURIAL	0-25-81 BETH YEHU	DA ANSHE KURLAND	BALTIMORE	MD
	DHMH - 17 (VR A15 ME (5))		INERAL DIRECTOR SOL. I	VINSONRE BROS	25a. DATE REC'D.		TRAR'S SIGNATURE
,	15M 7/77	60	10 REISTERSTOWN	RD. BALTIMORE, MD. (21215) 06 48	8 1981 Hornes	Can lasther



requires that the death

please remove corbandopers. Pages 1 and 2 should be filed

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the should be detoched for use os the burial-transit permit. Then please remove corbanpapes with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	
I. DECEASED NAME (TYPE OR PRINT)	FLORENCE	MIDDLE C.	McC	ANN	20 DATE OF DEATH A	cober 18, 1981
3. SEX Female		White		st 17, 1916	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS M
Po. BIRTHPLACE (STA	ania	U.S.A.	MARRIE		9 BALTIMORE CITY OR Baltimo	county of DEATH ore County
10 CITY OR TOWN OF Cockeysv	ille	NOT IN SUCH FACILITY CIVE	Cann Ave	nue	12a USUAL OCCUPATIO	WORKING LIFE) 126. KIND OF BUSINESS
USUAL RESIDENCE (IF 13a STATE Maryland	136 COUNTY Baltin		eysville	13d. INSIDE CITY LIMITS? YES NO X	136 STREET ADDRESS 9 McCann	Avenue
Frank Man WAS DECEASED F	MIDOLE VER IN U.S. ARMED FO	Tepp		IS MOTHER'S MAIDEN NA FIRST Constar INFORMANT	MIOOLE	Richert
(YES, NO OR UNKNOW)		R DATES)	9-8616			ll Ingleside Avenu
Conditions, if gove rise to couse (o), s	ony, which immediate	SE (0) CO UE TO, OR AS A CONS (b) UE TO, OR AS A CONS	vion ary	in ruf		APPROXIMATE INTERVAL BETWEEN ONSET AND DE
		(c)		NOT RELATED TO THE TERM	20a AUTOPSY?	1710N GIVEN IN PART 1101 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\cap \) NO \(\cap \)
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER) CURRED 216	b. TIME OF INJURY HOUR A.M. MONTH P.M. e. PLACE OF INJURY	19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	
22a. I certify tho	of WHILE (A) (1) (this hospital) attached alive on e) (did) the normal weeks		rom Leps	19.75	to Oef	N COUNTY STATE 19 1, that (I) (we) e and hour and from the causes stated
226 SIGNATURE	-PDM	ato	ı		MEDICAL STAFF	226 DATE SIGNED 10/19/8/
	envenido R	R. Matos, M	1.D.	22e ADDRESS York	towne Villag	e
230 BURIAL, CREMATI	ON, REMOVAL 235.	DATE	231 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

BP

TO FUNERAL DIRECTOR: After this certificate has OR ATTENDING

24 FUNERAL DIRECTOR

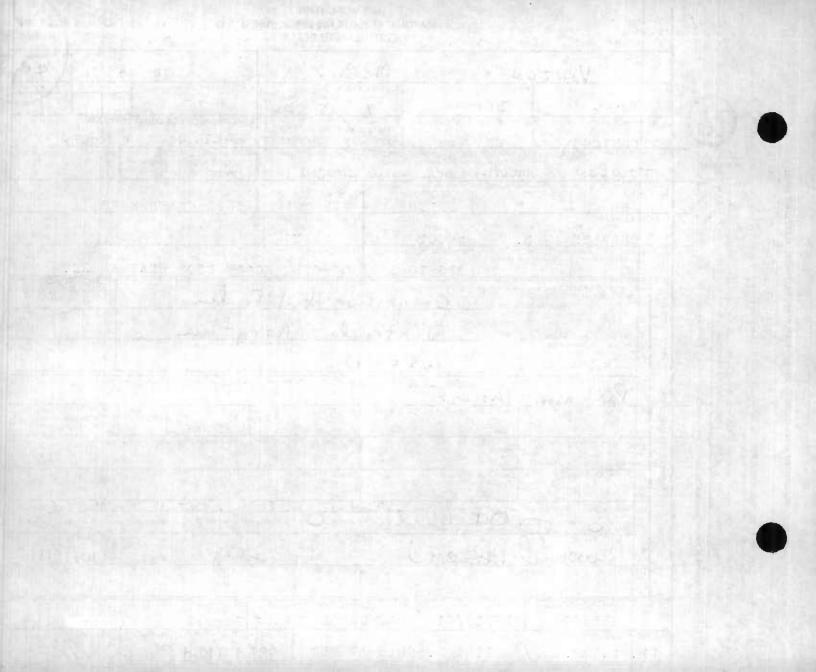
1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland

Leonard J Ruck Inc. Baltimore, Maryland

(VR A 15 (4))

NUMBER OF STREET and Jed Cherton Chertone .079- -1677 tel april c 201 parties les Les Malto.

1	FOR - STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTA CATE OF DEATH		REG. N	2	5 4	2 4
	YPE OR PRINT)		V .	M LAS		20.0		MONTH DAY		Th HOUR
		TON		1116	COY		0.5	10 14		M
1	MALE	1 RACE	ck	5. DATE OF MONTH	DAY YEA		GE (IN YEARS LAST BIR			HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIC	N 76 CITIZEN OF V	VHAT COUNTRY?	8 MAPPIED	NEVER MARRIE	9. B	ALTIMORE CITY C	OR COUNTY O	DEATH	
339	WICOMICO MI	USA		WIDOWED			BALTIM	ORE C	OUNT	MD.
	CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME OR	OTHER INSTITUTIO	N 12a.	USUAL OCCUPAT	ION	126. KIND OF	BUSINESS OR
20	TOWSON	The second second	EDICAL C		CENTER		LONG SHO		INDUSTRY	
å U	SUAL RESIDENCE (# NUR	ME OR OTHER INSTITUTION,	GIVE RESIDENCE GEFORE	E ADMISSION)						
3< "	MD	COUNTY	BALTO	'N II	3d INSIDE CITY LIMI YES 🕅 NO 🗆		STREET ADDRESS	MAUTAM	מס	
Section Section 1	FATHER'S NAME		DALIU	1	5 MOTHER'S MAIDE	ENNAME	ооо спл	AIRAM	KD,	
20	FIRST	MIDDLE	LAST	100	FIRST		MIDDLE		LAST	
_	CHARLES WAS DECEASED EVER IN U	H.	MCCOY	OLA VEIGI	MARY 7 INFORMANT		ADDR	FCC	MOOI	(E
2	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)								
	NO		215-10	-3946	DOROTHY	MCCC	OY 3808	CHATH.		ATE INTERVAL
	PART I. DEATH WAS: 429 M Canditions, if any, what gave rise to immediately storing	DUE TO, OR (b)	AS A CONSEQUE	gesti ntric	ve Head Jun 1	I Fa	thu			
2	PART POTHER SIGNIFICANS	on Price	use							
7	190 DATE OF OPERATION	196 CONDII	ION FOR WHICH	OPERATION	WAS PERFORMED	2-7-7	ES NO	IN CERTIFYIN	VERE FINDING NG CAUSES O	S USED F DEATH? NO []
4		OF DEATH HOUR A.A	MONTH DA	AY YEAR	21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
A Coldan	(IF EITHER, NOTIFY MEDICAL EX	AMINER) P.A.		19	III LOCATION					
1	WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, F		STREET		CITY OR TO	WN	COUNTY	STATE
		haspital) attended the			that in (NV) our) ap	pinian deoth	accurred on the d	ate and haur o		
	22b. SIGNATURE	0110	. 1	DE	GREE ATTENDI	ING ME	DICAL STA	FF	22c. DATE SI	GNED/()
1	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	- DM J		PHYSICI 22e. ADDRESS	IAN DIR	RECTOR PHYSIC	CIAN	10/1	2/8/
23	BURIAL, CREMATION, REA	OVAL 236. DATE	23c. N	NAME OF CE	METERY OR CREMAT	TORY 23	d. LOCATION		UNTY	STATE
	BURIAL	10/19	9/81	MD. N	AT'L MEM	1.PK	Laurel	CO	UNIT	MD
24	FUNERAL DIRECTOR		ADDRESS	31(8, U.S	25	a. DATE REC	D. BY REGISTRAR	256. REGISTRA	R'S SIGNATUI	
	WM. C.MARC	H F/H 11	01 E.NO	RTH A	VENUE	DCT .	1 9 1981	Parcen	Vean ?	lastrino



DHMH-16 30M 2/80

(VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH DECEASED NAME October 9, 1981 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore Co., 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker 915 Southerly Road Eliza Reagan Mrs. Timothy J. Hynes, Jr. 941 Starbit Rd. APPROXIMATE INTERVA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OBTOWN COUNTY STATE (my) Lour) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN COUNTY Burial 10/12/81 Parkwood Cem. Baltimore, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, Inc. 6500 York Rd.

I I to the care ticler. - - II III elti one lalei one la la materia one la I = (# U ASil: rel I li li en en el el morti, de A COLUMN TO THE PROPERTY OF TH STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

REG. N	٧٥.				
20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	
	10	20	81	3:1	.5A,
6. AGE (IN YEARS LAST B	IRTHDAY)	IF UND	ER TYEAR	IF UNDER	24 HRS
85	YRS	MONTHS	DAYS	HOURS	MIN.
9. BALTIMORE CITY	OR COUN	TY OF D	EATH		

		reter		J.	FIC	Elroy Sr.			TO	20 91	3:TOA
	3. SEX 4.		4. RACE	4. RACE		5. DATE OF BIRTH		E (IN YEARS LAST B	RTHDAY)	IF UNDER TYEAR	
	Male		White	White		May 2, 1896		85 YRS.		MONTHS DAYS HOURS MIN	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B.	D NEVER MARRIED	9. BA	LTIMORE CITY	OR COUNT	Y OF DEATH	
5		Maryland	U.S.	Α.	WIDOWE	**	ARRIED SALTIMORE CITY Baltin PORCED SALTIMORE	ore C	county ,	MD	
	10. CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	OR OTHER INSTITUTION		12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Candy Maker Dockman Candy Co.				
0		Towson			dical Center	r Car					
5	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL Baryland Ba	r other institution. Inty 1 timore	13c CITY OR TOWN	1	13d INSIDE CITY LIMITS				t Drive	
	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN	INAME				
0		Unknown		Mc Elrov					Steele LAST		
10		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDF		Decere	
		YES, NO OR UNKNOWN) (1E YES, G	I DATES	215-10-5	Peter J. Mc Elroy, Jr. Same as #13.					XIMATE INTERVAL	
	TION	Conditions, if ony, which gove rise to immediate cause (a). Perforated Gastric Ulcer Due to, or as a consequence of Perforated Ulcer Due to, or as a consequence of Due to, or as a con									
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDI	ITION FOR WHICH (OPERATIO	N WAS PERFORMED			IN CERT	ES, WERE FINDI IFYING CAUSES (ES]	
5050		OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER P.M. 21d, INJURY OCCURRED 21e, PLACE OF INJURY				21¢ HOW INJURY OC	CURRED (E	NTER NATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)	
	MEDICAL					21f LOCATION STREET		CITY OR TI	OWN	COUNTY	STATE
		226.1 certify that (1) (this has saw the deceased alive a above, (1) (v.e.) (did)			10/1	9	81, to	20/20 occurred on the o			that (I) (we) last couses stated
		22b. SIGNATURE	21/			DEGREE				22c DATE	SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Charles C. Brown, M.D.

21204 6701 N. Charles St. Towson, MD

MEDICAL STAFF
DIRECTOR PHYSICIAN

23d LOCATION
CITY OR TOWN
COckeysvillle 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Buria1 Balto., Md. Oct.23, 1981 Dulaney Valley Cem. 24 FUNERAL DIRECTOR

22e. ADDRESS

ATTENDING PHYSICIAN

IMPORTANT: If Item 2

- STATE

REGISTRAR

. DECEASED NAME TYPE OR PRINTI

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204 ADDRESS

10-20-81

. Charles charles to be to the charles the Service national line and all receipts execution to the action at the same of the state of the same at th

And To read the area none, and. Zover, hd. 2 feet eller at the feet of

1						STATE OF N				13 1	3 52
- 1	1-	FOR STATE REGISTRAR					I AND MENTAL	9	1	2 3 4	20
- 200	1. DE	CEASED NAM	É FIRST		MIDDLE	THE STATE OF THE S	LAST	2a. DA	REG. NO		YEAR 2b. HOUR
	(TYP	E OR PRINT)	MARY		J.	McGU:	TCAN	OF	TH MATED	11 -	81 872
1	3. SEX		4. RACE	5. DATE OF BIRTH	16. A	GE (IN YEARS IF UN	DER 1 YR. IF UND	ER 24 HRS. 2c. D/	ATE	MONTH DAY	YEAR 2d. HOUR
	Fe	mele	White	1 31	92	ST BIRTHDAY) MONTH	HS DAYS HOURS		OUNCED AD	102 15	81 880 M
-	7a. Bt	RTHPLACE (5	TATE OR	76 CITIZEN OF WHA	T COUNTRY?		IED NEVER MAI	PRIED XX 9. BALT	IMORE CITY OF	R COUNTY OF DEA	
)	Maryland			USA		WIDOW		RCED 🗆	VOA LTI	e. Cours	TY MD
)	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSP			ER INSTITUTION	12a USUAL OC	CUPATION (TYPE	OF WORK 12b, KIND OR IN	O BUSINESS DUSTRY
1		utherv:				Nursing	Home	School	Principa	al Ret	ired
)	13a. S		1136 COUN	ROTHER INSTITUTION, GIVE TY imore	13c. CITY OR 1 Luther	OWN	13d. INSIDE CITY LIMITS	300 Se	DRESS minary	Avenue	
1	14. FA	THER'S NAMI		MODLE	LAST		15 MOTHER'S MA	IDEN NAME	MIDDLE	Prigg LAS	7
4	lán V	Willie VAS DECEASE	D EVER IN U.S. ARA		uigan	SECURITY NO.	17. INFORMANT		CHO DRESS*	Tyson Roa	-1
	(Y	S, NO, OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)		8-1764		M. Brand	t Fllice	iysun koa htt City	Md
			OF DEATH (Enter on	ly one cause per line f					- 611160	APPRO	OXIMATE INTERVAL
		PARTIDE	EATH WAS CAUSED	DBY:	1	uono				BETWEE	NONSET AND DEATH
	1	DUE TO, OR AS A CONSEQUENCE OF								,1	
			ns, if ony, which se to immediate	(b) FR	BETVE	ad Stiff	Vlder (BLKIR	500	5	FORGS
		couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF							11		
		(c) 03 Teaporosis Year							RK3		
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE FEMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									
	ATI	19a. DATE OF	OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?					20. AUT	OPSY?	
	TE	17								YES	0 NO
1	MEDICAL CERTIFICATION	210. EXTERNA	AL CAUSE WAS	21b. TIME OF 1 HOUR A.M.	NJURY MONJH DAY	YEAR 21c. HO	OW INJURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM 18 PA	ART 1 OR PART 2)	
	ICAL	CONTRIBUTI	NG CAUSE OF	DEATH P.M.	9/24	1981	1121	Mp/4 to	2//		
	MED	21d. INJURY (DCCURRED NOT WHILE	21e. PLACE OF		- S	CATION	A CITY OF	YTOWN .	COUNTY	STATE /
		AT WORK	ATWORK	INVRS	NG HO	Me 150	OW Jaini	VARY FIRE /	-OHER GI	HE BLATI	no
		22a. I certify than I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion									
		death resulted from Notural causes Accident Suicide Hamicide Undetermined monner									
-		ACTUAL NOOD OUT STEEL (SPECIFY)									
1		SIGNATURE									
-	100	EXAMINER'S (TYPE OR PRI		· 00 : 1/11	40,80	NI	ADDRESS 553	50 BATTO	NATI	LPIXE 2	1228
	23a.Bl	PECIFY)	TION, REMOVAL 2			OF CEMETERY O		23d. LOCATIO CITY OR TOWN		COUNTY	STATE
	24. FI	JNERAL DIREC	rial	10/6/81	LOL	oon Park	Cemetery	Balti			land
		NAME	MICZKE	P. A ADDRESS	4110	Md 2122	661	T 5 1981	Manue	Janlart	
	10	JU LOM	ondson Av	e Cetons	TTTE,	nu. ZIZZ	99			V.1	77

- Land and the lands of the land of the land the land of the The Common of the Common Commo And the second of the second o The state of the s

(VRA 15, 4)

10:213-11-21 Y3YJSKIPME C. SINGHOLD DE IP-21-3 STIME SANGE Y TODO LAROMITHAS THE ACU LINE FRANCE CANDALLS TO CHARGE HILL CUNK HOME ! Child will in a partition ask Herry Chilesen Hemseth westerde Themen שמים אונים באונים ב CARDING ANNE ST. A STREET AND A TO MERCHINE A STAN AND SECTION AND man for the transfer and the The state of the s PLEATURE I STROVE - STANDER TO LEAVER THE ALLERS THE En mi Lingson I appropriate plant the State of the Land S. S. Elmer J. J. Cos. May 11 May 12 1881 St. Land

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
		CEASED NAME	FIRST MIDDLE LAST					20. DATE OF DEATH MONTH DAY YEAR			2b HOUR	
	LITPE	OR PRINT)	Robert Weston McKen			enney	Sr.	Octobe	1981	7:30 A		
7 160 3 14. NOLUMBER AND THE POINTS OF THE P	3. SE	Male		4. RACE		5. DATE		6. AGE (IN YEARS LAST BIR	_	IF UNDER 1 YEAR	IF UNDER 24 HRS	
				White		No	v. 22,1897	83	YRS.	MONTHS DAYS	HOURS MIN.	
	7a BI	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	D X NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH		
3		Virginia		USA		WIDOWI		Baltimore	Coun	tv	MD.	
100	10 CI	ITY OR TOWN OF DEA	ATH			NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	12b. KIND C	OF BUSINESS OR	
U		Baltimore		228 Murdock Rd.				Postmaster Posta			1 Service	
3	13a S	AL RESIDENCE IF NUR. STATE 'irginia	UNCOUN	OTHER INSTITUTION, ITY mond	134. CITY OR TOV	WN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS				
	14. FA	THER'S NAME		MIDDLE	1465		15. MOTHER'S MAIDEN NA	ME				
6	Albert Crocker Me						Floren	LAS	LAST			
-		WAS DECEASED EVER IN U.S. AF				URITY NO.	17. INFORMANT	ADDRESS				
5	Y	(ES, NO OR UNKNOWN)	WW]	YES, GIVE WAR OR DATES) 231-50-652		5528	Norma M. McK	ame				
		18 CAUSE OF DEAT	18 CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:					APPROXIMATE II BETWEEN ONSET				
		PART I. DEATH W		E CAUSE (0)	Cancer	d) The	protate		100	1	year	
		1850		DUE TO, O	R AS A CONSEQU	JENCE OF				- 1100	/	
		Conditions, if ony, which (b)										
			use (o), stating the Due TO, OR AS A CONSEQUENCE OF									
		underlying couse	lost.	(c)						4 5.4	1.15	
	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
	ō		ar	Lunc	lerope	· aus	ul dese as	1	26	hiv a		
7	ICA	198 DATE OF OPERATION 196. CON			ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	, WERE FIND IT	VERE FINDINGS USED NG CAUSES OF DEATH?		
	RTIF								YES NO YES N			
0		OR CONTRIBUTING					21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)		
7	CAI	(IF EITHER NOTIFY MEDI				19						
	WED	21d INJURY OCCUR!		21e. PLACE (OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		AT WORK AT WO	RK			-	-		1	0,		
		220 I certify that (1)		10	e deceased from	81	19 80	, to	19		that (I) (wa) lost	
		sow the decease above, (1) (year) (a	d (did not		after death.		nd that in (my) (aux) opinion	death accurred on the do	ite and hour			
		Sheldon C. Kranik DEGREE M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [22c. DATE	SIGNED		
3-		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS										
1		Sheldon C. Kravitz, M.D. 3300 N. Calvert St. Baltimore, Md. 21218										
	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	CTAYE	
		Burial		Oct. 2	2,1981 H	Bethan	y Baptist Ch.	Callao, R			Virgini.	

DHMH-16 30M 2/80 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 251- REGISTRAR'S SICHATUM

Park Calendary County and Park Brish Little 22, 1981 Englant on Friday and Friday 1882, 25 2000 England

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MPORTANT: If Item 21 is

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10			
EAR	2b	HOUR	

REGISTRAR		CERTII	ICATE OF DEATH	REG. NO).		
DECEASED NAME FIRST	MIDDLE	i	AST	20. DATE OF DEATH	MONTH DAY YEAR	20	
(TYPE OR PRINT) FLOR	ENCE E	DORSA	MY McLaughlin		10-16-81	12:30p	
SEX	4 RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	AR IF UNDER 24 HRS	
Female	White	Jai	y 23, 1920	61	YRS.	YS HOURS MIN.	
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WHAT COL $U.S.A.$	MARRIEI WIDOWE	DE NEVER MARRIED DE DIVORCED D	BALTIMORE CITY OF		MD	
10 CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL, (IF NOT IN SUCH EACHLY, GE ST. JOSEE	PH"HOSPITA		126 USUAL OCCUPATION TO THE STORY OF THE STO	ON 12b. KINE EWORKING LIFE) INDUSTR	O OF BUSINESS OR	
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COULT MARYLAND	OTHER INSTITUTION GIVE RESIDEN NTY 130 EITY Ball	CE BEFORE ADMISSION) DRIOWN CIMOLE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 422 Meade	ow Rd		
14 FATHER'S NAME FIRST Elmer	MIDDLE Carte	ast er	15. MOTHER'S MAIDEN NAM FIRST FORENCE	MIDDLE P	Phoel	LAST D US	
160 WAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17. INFORMANT	ADDRE	SS		
NO	/E WAR OR DATES)		Mrs Linda L I	Maxwell 9015 Perring Park Rd			
Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (19) DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [20]	DI BY: TE CAUSE (CONGEST DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c)	IVE CARDI NSEQUENCE OF NSEQUENCE OF		NAL DISEASE OR CONE	ure	DINGS USED	
ATTE				YES NO	YES 🗌	NO []	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING AUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		TH DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)	
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	STREET	CITY OR TO	WN COUNTY	STATE	
220. I certify that X (this hosp saw the deceased alivers above, th (we) (did) (did X 22b. SIGNATURE	220.1 certify that X (this hospital) attended the deceased from 10-12 19-81 to 10-16 19-81 saw the deceased alive rest. 10-16 19-81 on the deceased alive rest. 10-16 19-81 on the deceased alive rest. 10-16 19-81 on the deceased alive rest.						
MH. (C	Milaan	m					
230. BURIAL, CREMATION, REMOVAL	23b. DATE 10/20/81		EMETERY OR CREMATORY S Of Faith	Ball timor	e, MaryTand	STATE	

DHMH-16 30M 2/80 (VRA 15, 4)

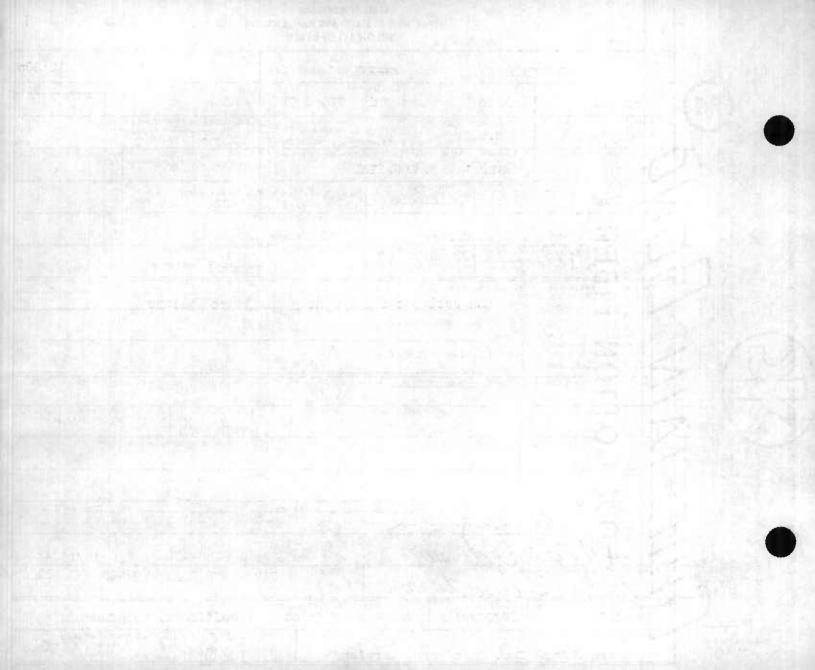
BP.

24 FUNERAL DIRECTOR

FOR - STATE

Leonard J Ruck Inc. Baltimore, Maryland

Parces



enelini land but the 11005 Trustment (all accounts to better your Lyde F 6. 18 Propert 13 Sayak Maria 18-2-01 I was it investigated the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-MEADOWS 0919 SEX 5 DATE OF BIRTH IF UNDER 24 HRS DATE 2d. HOUR YEAR LAST BIRTHDAY PRONOUNCED 1015 DEAD 8 10 64 Male White TO BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY U.S.A. Tennessee DIVORCED Baltimore County WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Dundalk 3701 North Point Road Shipvard Worker Beth. Steel USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Lot 74 Baltimore 3a STATE 130. STREET ADDRESS 13d INSIDE CITY LIMITS? Dundalk Maryland 3701 North Point Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ITH FORM PM 3 PAGES 1 AND 2 MIDDLE LAST FIRST Meadows Coplin Rufey Martha 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESSSame as 13e 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Yes WW 411-05-7981 Wilma V. Meadows Balto., MD. 21222 18 CAUSE OF DEATH (Enter anly one cause per line factor APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 10 USED AS A B CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? PRIOR TO BURIAL, SHOULD BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY A.M. MONTH DAY UNDERLYING MEDICAL 10 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21s PLACE OF INJURY AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) 2 1222 PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGA AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220. I certify that I taak charge of the remains described above, held an Natural causes death resulted fram: 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 10/20/81 Crest Lawn Burial Svkesville Howard 24 FUNERAL DIRECTOR Duda-Ruck , ADDRING. **DHMH-17** (VR A15 ME (5)) Wise Avenue Dundalk, MD.21222 15M 2/80

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ŧ
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours at retained by the hospital or attending physicion.
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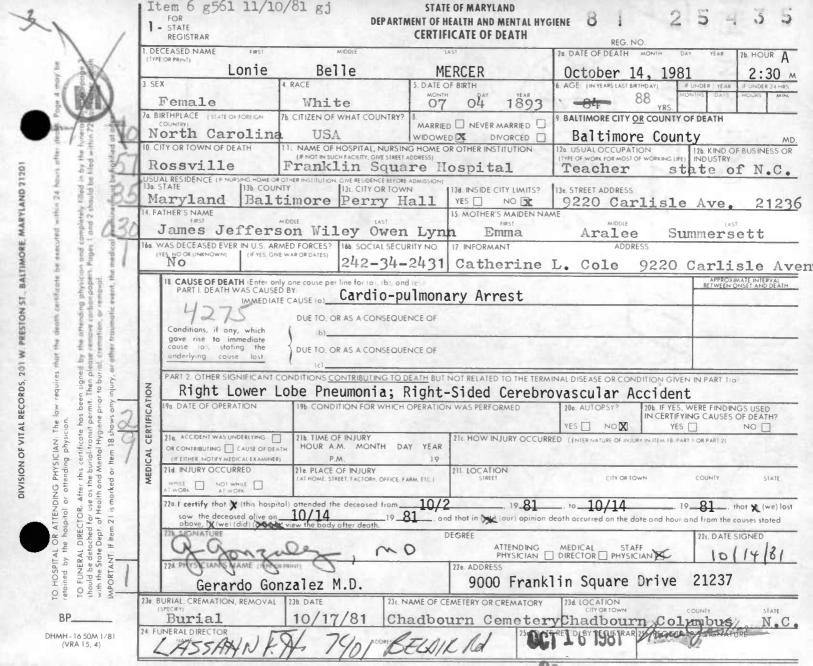
TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and completely filled in behaviould be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be little with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

	REGISTRAR				CERTII	ICATE OF DEATH	REG. N	Ю.		
	PECEASED NAME	FIRST	1 4 E	MIDDLE	18 2	LAST	20. DATE OF DEATH		DAY YEAR	2b. HO
5		THOMA	S F	RANCIS	MEI	LVIN	OCTOBER 2	6. 198	1	3:20
3. SI	SEX	1527	4. RACE	ti i i i i i i i i i i i i i i i i i i	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BH		IF UNDER I YEAR	IF UNDER
	MALE	3	WHITE			EMBER 26, 1891	90	YRS.	MONTHS DAYS	HOURS
7a. E	BIRTHPLACE (STATE COUNTRY)	OR FOREIGN I	6 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	IRELAND		U.S.A		WIDOW		BALTIMOR	E COUN	TY	
10 (CITY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND O	F BUSIN
	FORT HOWAR		V.A. M	EDICAL CH	INTER		CHEMICAL		STEEL	MILI
13a.	UAL RESIDENCE HEN	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
MA	ARYLAND	BALT	IMORE	Edgeme		YES NO X	2406 Wyth	ne Ave	enue	
14 F	FATHER'S NAME		NDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAS	
	MICHAEL		J.	MELVIN	1	BRIDGET	MIDDEE		DEVA	
	WAS DECEASED EVE		NED FORCES?	16b SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS		
	YES	WWI		218 07 8	3103	CLINICAL REC	CORDS, VAMC	. FORT	HOWARI). MI
	18 CAUSE OF DEA	ATH (Enter only	one couse per	line far (a), (b), an	dicu			712-1-	APPROXI BETWEEN	MATE INTE
14	PART I. DEATH		CAUSE (a)	ASPIRATIO	ON PNE	EUMONIA			3 DAY	
DUE TO, OR AS A CONSEQUENCE OF										
Conditions, if ony, which										
-	Conditions, if or	nv which	DUE TO, OI	R AS A CONSEQUE	ENCE OF					
	gave rise to in	mmediate	DUE TO, OI	r as a conseque	ENCE OF					
	Conditions, if or gave rise to in cause (a), sta	mmediate ting the) b)_	r as a conseque r as a conseque						
	gave rise to in cause (a), sta underlying cou	mmediate ting the ise last	b) DUE TO, OF	r as a conseque	ENCE OF					
NC	gave rise to in cause (a), sta underlying cou PART 2. OTHER St	mmediate ting the ise last	DUE TO, OI	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM			EN IN PART 1co	2'
ATION	gave rise to in cause (a), sta underlying course PART 2. OTHER SM	mmediate ting the ise last	DUE TO, OI (c) DOUDITIONS CO FOOT:	R AS A CONSEQUED DITRIBUTING TO CEREBROYA	ENCE OF DEATH BUT	AR ACCIDENT; S	ENILE DEGE	NTIA		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE O I &	25 - 30
1. DECEASED NAME FIRS	MIDDLE MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Miri		Merrick	10	17 81 10:22 M
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	2 12 1918	63 _{YRS}	MONTHS DATS HOURS MIN.
OUNTRY)	76 CITIZEN OF WHAT COUN	NTRY? 8. MARRIED - NEVER MARRIED .	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Baltimore, Md.	USA	WIDOWED DIVORCED [Baltimore (Country MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	IURSING HOME OR OTHER INSTITUTION (STREET ADDRESS)	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING I	
Towson	St. Josep	h Hospital	Hwf	
13a. STATE 13b. (B) 14. FATHER'S NAME FIRST	altimore Uppe	RTOWN 13d INSIDE CITY LIMITS: PRO YES NO 115 MOTHER'S MAIDEN I	16215 Dark Hol	low Road (ubknown)
Harry 16a WAS DECEASED EVER IN U.		perman Mamie	ADDRESS	(unknown)
		22 11820	w Merrick, Upperc	o, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, white gave rise to immedia cause (a), stating the underlying cause lost	DUE TO, OR AS A CON:	home, Active.	rminal disease or condition G	S 3 45.
190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YE IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ESNO
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE: (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	OF DEATH HOUR A.M. MONTH MINER) P.M. 21e. PLACE OF INJURY	19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18	
WHILE NOT WHILE C	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
	hospital) attended the deceased to on the bady litter death. LIVE ORERINI	7 1	on death occurred on the date and ha	. 19
230. BURIAL, CREMATION, REMO (SPECIFY) Burial	236. DATE 10-19-81	23c NAME OF CEMETERY OR CREMATOR Pleasant Grove Cem.	CITY OR TOWN	Balto Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the

Burial
24. FUNERAL DIRECTOR

Funeral Home, Hampstead, Md. 21074

K.A. Talking our , re. in the company of for injurial section of the notion production the erect and the product of the same of th Theorem the Tenant of the Tena 220-22-020 Charge of the first account of the first to offer correct torsers figures that it is The Impres lone, hereby to the later of the second section of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

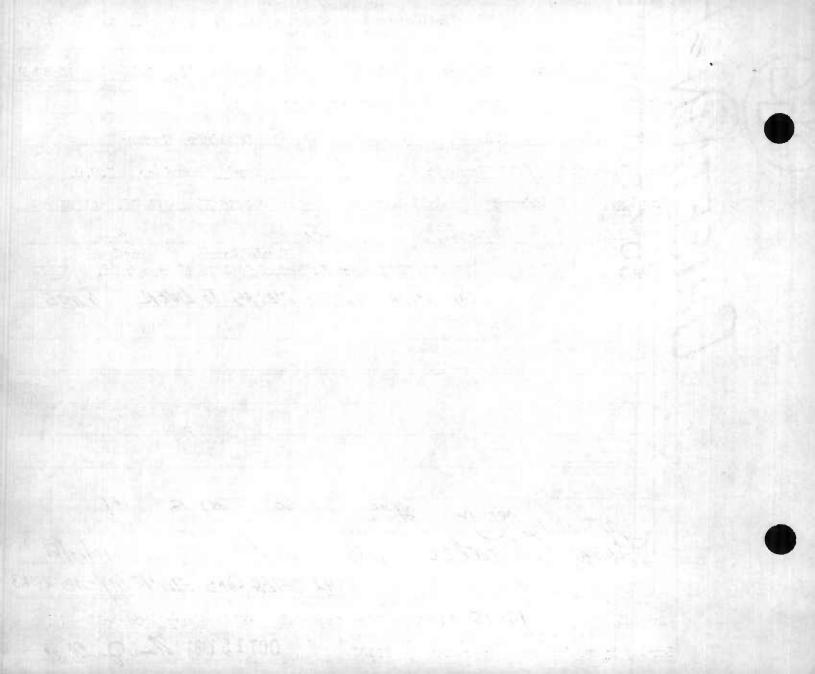
	1-	FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL H	IYGIENE	8 REG. NO	2	5 4	3 /	
		CEASED NAME FIRST	MIDDL	.E	1	AST	20. D/		MONTH DAT	YEAR	2b. HOUR	-
	(TYPE	Elmen Elmen	e Robe	rt	Metco	7.1.f	Oct	ober 12.	1981		10:00	R
H	3 SEX		4. RACE		5. DATE C			E (IN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS	LIVY.
Ü		Male	White		Apri		6	33	YRS.	NIHS DAYS	HOURS MIN	
	7a Bt	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	8		9 BAI	TIMORE CITY O		FDEATH		_
5		country)	USA	200	MARRIE	DOWNEVER MARRIED DIVORCED I		ltimore	Comta			AD.
1		TY OR TOWN OF DEATH	11. NAME OF HOSE		G HOME C	OR OTHER INSTITUTION	12a U	SUAL OCCUPATION	NC		F BUSINESS O	
0		ndallstown	3818 Elmo	roft Rd				of work for most of iff Exam		I.C.C	Y	
-	USUA 130. S	AL RESIDENCE (IF NURSING HOME OF		RESIDENCE BEFORE		134. INSIDE CITY LIMITS?		REET ADDRESS	- / / -			
2	Ma			andalls		YES NO		18 Elmer	oft Rd	. 211	33	
	14. FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN		MIDDLE				_
6	В	Penjamin	Met			Julia		MIDDLE	7	Renna		
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECUR	RITY NO.	17 INFORMANT RO	andal.	lstown,	SS Mari	land		_
		Yes WW		18-05- 2	365			3818 EL		,	21133	
		18 CAUSE OF DEATH Enter on	ily one couse per ling							APPROXI/ 8ETWEEN C	MATE INTERVAL	=
		PART I. DEATH WAS CAUSE	D BY:	KUNSM	1A	CELON C M	EME	5. To 410	IER	61	no5	
		1539	DUE TO, OR AS	A CONSEQUE	NCE OF							
		Conditions, if ony, which	(b)	N CONSEGUE								
		gave rise to immediate couse (a), stating the	DUE TO, OR AS	A CONSEQUE	NCE OF			44				
		underlying couse lost	((c)									
	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTE	RIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINALD	ISEASE OR CONE	ITION GIVEN	IN PART I o		
	CERTIFICATION											
)	FICA	190 DATE OF OPERATION	196 CONDITION	N FOR WHICH (OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDIN	GS USED OF DEATH?	
-	ERT						YES	-	YES		NO 🗌	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		MONTH DA	Y YEAR	21c. HOW INJURY OCC	URRED (E	NTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)		
	CA	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.		19							
	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF IN	NJURY FACTORY, OFFICE, FA	RM, ETC }	211. LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE	
	359	AT WORK AT WORK			, ,,							
Н	2	22a.1 certify that (1) (this hospi				1950			. 198	/	hot (I) (ye) lo	st
		sow the dereosed alive or obove [] (did) (did to	T view the body after	r deoth		nd that in (my) (our) opinio	ion deoth o	ccurred on the do	te and hour o			
		Flower 6	6/1/201	1.	2.4	DEGREE ATTENDING	MED	ICAL STAF	F	ZZC. DATE	IGNED	
		IAN'S NAME (TYPE C	· Vicee	u	11	PHYSICIAN 122e. ADDRESS		CTOR PHYSIC		1011	1/81	
		CONSTRUCTION OF THE PARTY OF TH				20017 :MC	ian	200	CILIAN.	Pin -1	id Inc	15
	22	Thomas E.	Wheeler			100 7d 11/15h	DH K	OND EX	4/011 0	11/11	10 4107	
		BURIAL, CREMATION, REMOVAL		20. 1		EMETERY OR CREMATOR		LOCATION		OUNTY	STATE	
		urial	10-15-		ke Vi	ew Memorial		ldersbur		moll	Md	
	7	INERAL DIRECTOR 8728 L	iberty Rd.	. Rando	allst	own, Md.	OATE REC'E	5 1001	2 SISTRA	K S SIGNATI	H T	
	401	ring Byers Fune	ral Direct	tors	211	33	0017	0 1001	or lance	John!	Tart.	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

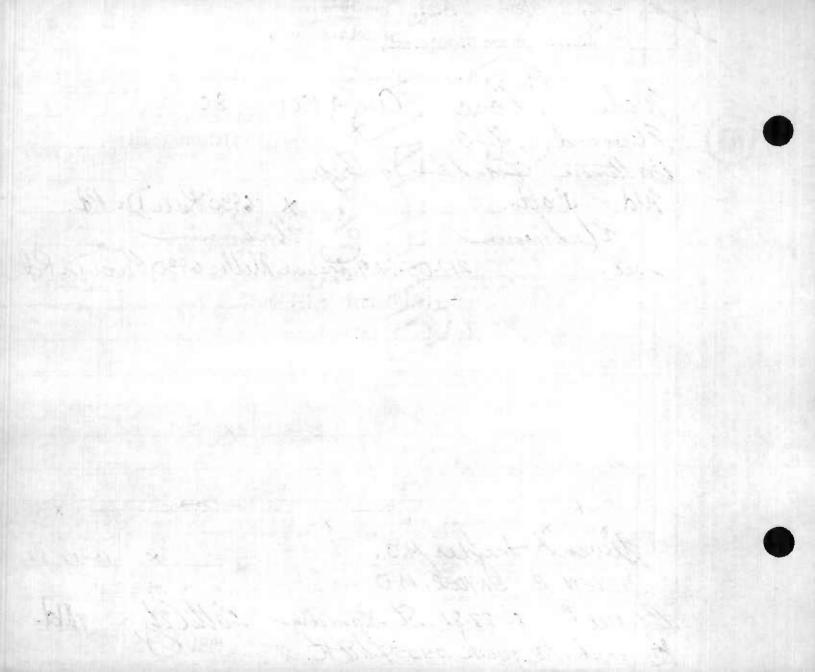
should be detoched for use as the burnal-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal

IMPORTANT: If Item 21 is morked or Item 18 shows ony

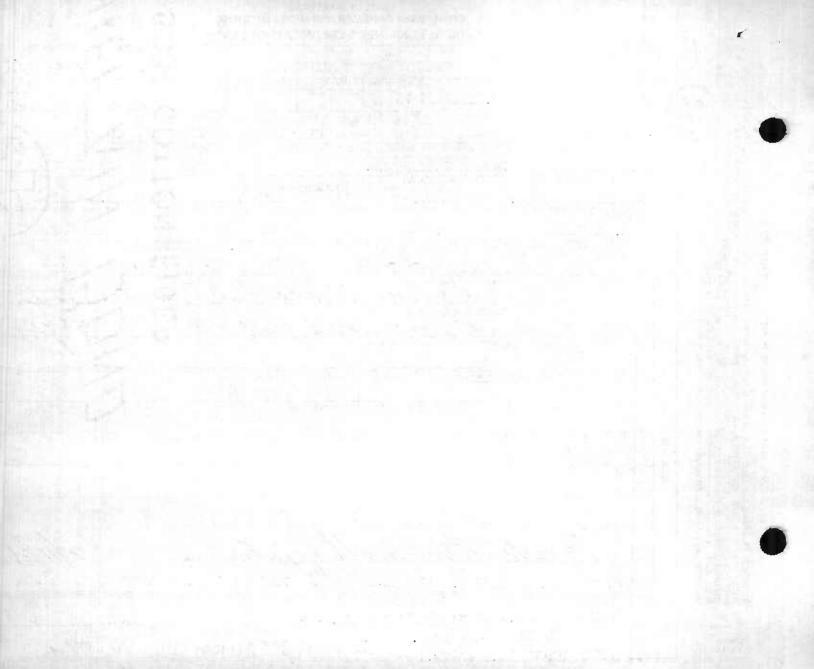


the Description of the Control of th Low SOLLIN (BRI of 199), and the contract of the many of the contract of the c

F-560, 10/23/81, by F.H.D.,



, , 0		FOR STATE REGISTRAR			DEPARTMENT OF	F HEALT		ENTAL H		H REG	2 5	\$ 4	0
E.S. S.		CEASED NAME E OR PRINT)	EUNIC	Е	GARNET		MILLI	ER		DATE KNOWN OF ESTI DEATH MA	106	9 19 81	26. HOUR
IS NECESSARY, PLEASE E FUNERAL DIRECTOR. ES FOR YOUR PILES. ED, WITHIN 22 HOURS I W, PRESION STREET,		EMALE	WHIT	,		YEARS IF U THDAY) MON YRS.		IF UNDER :	24 HRS. 2c. MIN PR	DATE ONOUN DEAT	To las	10 1981	2d HOUR
NECESSA UNERAL WITHIN	FV	RTHPLACE (STATE OF REIGN COUNTRY) VIRGINI	:A	76. CITIZEN OF WE		WIDO	VED XX	DIVORCE	D 0	BALTIMORE CIT	ORE CO		MD
PHO HE S	I	TY OR TOWN OF D		7404 R	PITAL, NURSING HO CILITY, GIVE STREET ADDRE OCKRIDGE	RD.	HER INSTITUT	TION	FOR MOS N	LOCCUPATION ST OF WORKING LIFE) JRSE	(TYPE OF WORK	OR INDUST MEDICI	USINESS IRY [NE
F ANY DELY AND 3 TO REALD BE RECORDS.	13a. S	IARYLAND	136 COUNT BAL	Υ	136. CITY OR TOW BALTIMOR	N	13d. INSIDE CI YES 🔲	ITY LIMITS?	13e STREE 7404	ADDRESS ROCKRII	DGE RD	. 2120	08
DEATH. I DEATH. I GES 1, 2, M PM 3. AND 2 S		DR. RAY		MIDDLE	VAUGHAN		MAI	R'S MAIDEI	Γ	MIDDLE		HINEĜAR7	ΓNER
BALTIMORE, S AFTER DEA' GIVE PAGES PITH FORM P PAGES I ANU VISION OF	(Y	VAS DECEASED EVE ES, NO, OR UNKNOWN) O	R IN U.S. ARM	NED FORCES? VAR OR DATES)	22,9-30-		17. INFORM	MHITN		TENRIE POW	AssBRIGO	GS 20715	5
RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 D BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELY PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO MEDICAL EXAMINER ALONG WITH PORM PAIN 3. RETAIN P. D AS A B URIAL - TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE CREATH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, CREMATION, OR REMOVAL.	No	Canditions, if gove rise to cause (a) statilying cause los	any, which immediate and the under-	DUE TO, OR	AS A CONSEQUENCE	E OF	E OR CONDITION	N GIVEN IN PAR	enf	A)	rchor	5ty	der
OF VITAL RECORI ATE SHOULD BE ED E WORD "PENDIN THE CHIEF MEDIC THE CHIEF MEDIC THE OF HEALTH. TO BURNAL, CREM	CERTIFICATION	190 DATE OF OPE		21b. TIME OF		2lc.H) LENTER NAT	URE OF INJURY IN ITEM	A 18 PART 1 OR PA	20 AUTOPSY YES 🗆	NO []
CERTIFIC CERTIFIC ITING TH DED TO TO STOWN TO PRIOR	MEDICAL	CONTRIBUTING [21d. INJURY OCCU WHILE NO AT WORK AT	RRED T WHILE WORK	P.M. 21e PLACE C STREET, FACT	MONTH DAY YI 19 PF INJURY (AT HOME ORY, FARM, ETC.)	. 21f. LC	CATION	Inspection		Inquiry .		DUNTY	STATE
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE & SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		death resulted fro ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	Vin	CHARLES F	o'DONNE	Suicide LL	ADDRESS_	Line	/	AL EXAMINER	DATE SIGNE		1204
Bb	-{:	URIAL, CREMATION PECIFY) BURIAI	0	CT.14,198		EW MEN	1. PAR	K	23d. LOCA			IMORE N	TATE MD
DHMH - 17 (VR A15 ME (5))	~	UNERAL DIRECTOR NAME 010 REIST			BROS., I			OCT		GISTRAR 256. RI	EGISTRAR'S S	MATE THE	



FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH		2	5 4	41
DECEASED NAME	FIR5T		MIDDLE	L. L	AST	20. DATE OF DEAT		YEAR	2b HOUR
TIPE OR PRINT)	GEORG	E	RICHARD	MI	LLER	October	9, 1981		6:29a M
SEX	4	RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY) IF L	UNDER 1 YEAR	IF UNDER 24 HRS
Male		Cauca	sian	June	27~1906	75	YRS	NIHS DAYS	HOURS MIN.
BIRTHPLACE I STATE O	OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY OF	DEATH	
Maryland		U.S	.A.	WIDOWE		Raltimo	re County	,	MD.
CITY OR TOWN OF D	EATH 1	1. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCU			F BUSINESS OR
Baltimor	e	Fran	ch facility, GIVE STREET.	lare	Hospital	Supervi	OST OF WORKING LIFE)	Beth:	Stee
SUAL RESIDENCE (IF NO	JRSING HOME OR O	THER INSTITUTION	- GIVE RESIDENCE BEFORE		HOSPIGAT	Daporva			
Maryland	136 COUNT	oHo	Baltime	o re	13d. INSIDE CITY LIMITS?	130 STREET ADDRE	orge Rd.	212	718
FATHER'S NAME	1 600	71116	DOLLOTIN	310	15. MOTHER'S MAIDEN NA		7160 1101	~	
Richard		oole P	LAST		Minnie	MIDD	PLE	Smit	-h
WAS DECEASED EVE	1,1		166 SOCIAL SECU	DITY NO	17 INFORMANT	۸۱	DDRESS	- Omit d	711
NO NO OR UNKNOWN)		VAR OR DATES	213-07-8		Louise Mi		ame as 1	30	
140			FT7-01-	3019	HOULSE MI.	TICI DE	tille as I	-	
PART I. DEATH	WAS CAUSED	RV.	r line for (a), (b), and					BETWEEN	MATE INTERVAL DISET AND DEATH
1110	MMEDIATE	CAUSE (0)	<u>Cardiac A</u>	rrest					
710		DUE TO, C	R AS A CONSEQUE	NCE OF					
Conditions, if or		(b)_	<u>Acute Myo</u>	<u>cardi</u>	al Infarction		-		-
couse (o), sto	ting the	DUE TO, C	R AS A CONSEQUE	NCEOF					
underlying cou	se last	(c)_							
PART 2 OTHER SIG	GNIFICANT CO	INDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	CONDITION GIVEN	IN PART 1(a	
19a DATE OF OPER	ATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		
						YES NO	IN CERTIFYIN	G CAUSES	OF DEATH?
21a. ACCIDENT WAS U	INDERLYING	21b. TIME (216 HOW INJURY OCCURE			I OR PART 21	
OR CONTRIBUTING			M. MONTH DA				55.50		
21d. INJURY OCCU			.M. OF INJURY	19	211. LOCATION				
	WHILE [7]		REET, FACTORY OFFICE F	ARM ETC)	STREET	CITY	OR TOWN	COUNTY	STATE
AT WORK AT W					Section 1				

270 I certify that % (this hospital) attended the deceased from September 25, 19.81, to October 9, 19.81, that % (we) sow the deceased alive an October 9, 19.81, and that in (in (our) opinion death occurred on the date and hour and from the causes stated above, 19.81 (in (our) opinion death occurred on the date and hour and from the causes stated above, 19.81 (in (our) opinion death occurred on the date and hour and from the causes stated above. The state of the course stated of the cour

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

0000 Franklin Square Drive 21237

MEDICAL STAFF DIRECTOR PHYSICIAN

R. Orrell

230 BURIAL CREMATION, REMOVAL 131 DATE 10/12/81 Ball

Baltimore Cemetery of Crematory

ATTENDING

Baltamore, Md

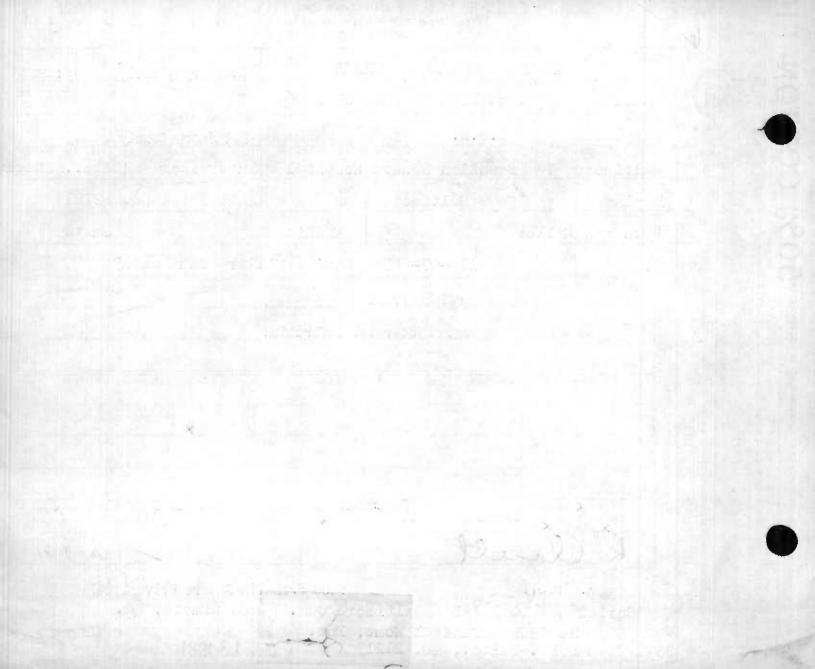
STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

IMPORTANT: If Item 21 is morked or Item

uneral director Schimunek Funeral Home, Inc. 250 Date REC'D. BY REGISTRAR 256 REGISTRAR 210 DCT 13 1981 Chance



17			FOR STATE					AND MENTAL	4:		2 5	4 4	2
10			REGISTRAR		MEI	DICAL EXAMI	NER'S	CERTIFICATE	OF DEAT	H REG.	NO.		
1	28.25.25.2		CEASED NAME E OR PRINT)	MAR	K (i	JE 715	D	71LLS	20	OF ESTI- DEATH MATED	MONTH 10	DAY YEAR 26. 1	1845
)	N STRE	3. SE	MALL W	het !	DATE OF BIRTH	,63 6. AGE (IN	YEARS IF UN HDAY) MONT YRS.	NDER 1 YR. IF UNDER		DATE ONOUNCED DEAD	10 .	20 19 81 4	1OUR
-	「胸震論の人	FC	RTHPLACE (STATE OR REIGN COUNTRY)		. CITIZEN OF WH		8. MARR	ED NEVER MARE	RIED 25 9.	BALTIMORE CUTY	Y OR COUNTY	OFDEATH	-
	BARRED		gerstown, M		U/S/A/		WIDOW	ED DIVOR	CED 🗆	19	sully 4	<u> </u>	MD
	PAGE FILED		TY OR TOWN OF DEA	ATH III	(IF NOT IN SUCH FAC	PITAL, NURSING HO		ER INSTITUTION	L' FOR MO	LOCCUPATION (ST OF WORKING LIFE)		26 KIND OF BUSINE OR INDUSTRY	SS
	DELY 3 TO N P.		ydes AL RESIDENCE (IF IN NU	RSING HOME OR O		des Rd.	SSIONI		Lo .	-Hand		H. Tolle	Jr.
21201	F ANY DEL	13a. S	Md.	136. С9 ОВТУ	elti	13c. CITY OR LOW	2	13d. INSIDE CITY LIMITS?		T ADDRESS AS	ne Bel=	21082	
WD.	DEATH.	14. F/	ROY	Fran	klin	Mills		15. MOTHER'S MAID Virgin		N WIDDLE		Lease	
MOR	N OR N	16a. V	VAS DECEASED EVER	IN U.S. ARMED	FORCES?	166 SOCIAL SECUR		17. INFORMANT				herry Hill	
BALTIMORE,	URS AFT WITH F WITH F DIVISIO		anh anh anh anh			212-90-15	99	Mr. Phill	ip A.I	Banks, Taw	meytown	n, Md. 21787	7
	0= = =		18. CAUSE OF DEAT PART I DEATH W	H (Enter only o	ne cause per line	for (a) (b), and (s).)	TOU	emate	0.			APPROXIMATE INTER	VAL ĐEATH
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3	0 11 2		gave rise to cause (a) stating		DUE TO, OR	AS A CONSEQUENC	E OF		THE T	5 TV (10 TV)			
301	ECUTE IN PALEXA SURIAL NO ME		lying cause last.		(c)								
RDS,	BY ABAY	-	PART 2 DINER SIGNIFICAN	CONDITIONS CON	TRIBUTING TO OFATH B	UT NOT RELATED TO THE TE	RMINAL DISEAS	OR CONDITION GIVEN IN P.	ART 1 (a),				
0	D BE E) MEDIO MEDIO AS A EALTH /	TIO	19a. DATE OF OPERA	TION	TIEL CONDIT	ION FOR WHICH OP	EBATIONI VA	AC DEDEC BALEDS				Tee autonomo	
FALR	OC THE SET OF THE SET	FICA	176. DATE OF OPERA	TIOIN	IVB. CONDII	ION FOR WHICH OF	ERATION W	AS PERFORMED?				20. AUTOPSY?	No.
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DIVISION OF VITAL RECORDS,	CERTING TOPED TO SHORE 3 SHORE	MEDICAL CERTIFICATION	21d. INJURY OCCURI	er .	21e PVACE O	FINJURY AT HOME,		CATION	. 0	TVORTOWN.	- 1 Out	1. 10 - 10 - 10 view	STATE
Ö	THIS CER WRITIN WARDED WAGE 3 S FATE DEF	2	AT WORK	WHILE	37	LCCC-(4	517 Ay	the Pe	X°SIUS	レクラン	uz over	-
	ATE. T FORV FORV FORV FORV FORV FORV FORV FORV		22a. I certify that	taak charge o	f the remains desc	ribed abave, held an	Autap	sy . Inspectio	an el	Inquiry ,	and in my apir	nian	
	MINING BE FOUND THE		death resulted fram	: Natorol	couses .	Accident .	Suicide 🔲	, Hamicide .	Undeterr	nined manner],		
3	EXA CERT ULD DIRE WIT		ACTUAL		Mun A	Me.		TITLE (SPECIFY)	1		DATE	10 208	32
	CAL THE SHO SHO SHO SHO SHO SHO SHO SHO SHO SHO		SIGNATURE	7	1	1000	M	D. Dyc	7 MEDIC	AL EXAMINER	SIGNED	,	0
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTMORE, M.	-	EXAMINER'S NAME (TYPE OR PRINT)	0	TONY	1 (. Hy	re	ADDRESS 737	7 134	an 120(mili	212362	
		23a. B	URIAL, CREMATION, R PECIFY) Burial		DATE 0-22-198	23c. NAME OF C		r CREMATORY orial Park	23d. LOC	ville E	Baltimo	re Md.	
	BP	24. F	JNERAL DIRECTOR			Kinggri	Jo Md	IR s	4 1	4	SISTRAR' SI	-	
	DHMH - 17 (VR A15 ME (5)) 15M 7/77	E.	F.Lassahn,	11750B	elairRd.	P.O. Boxlh	210		-	1001			
	13/11////												

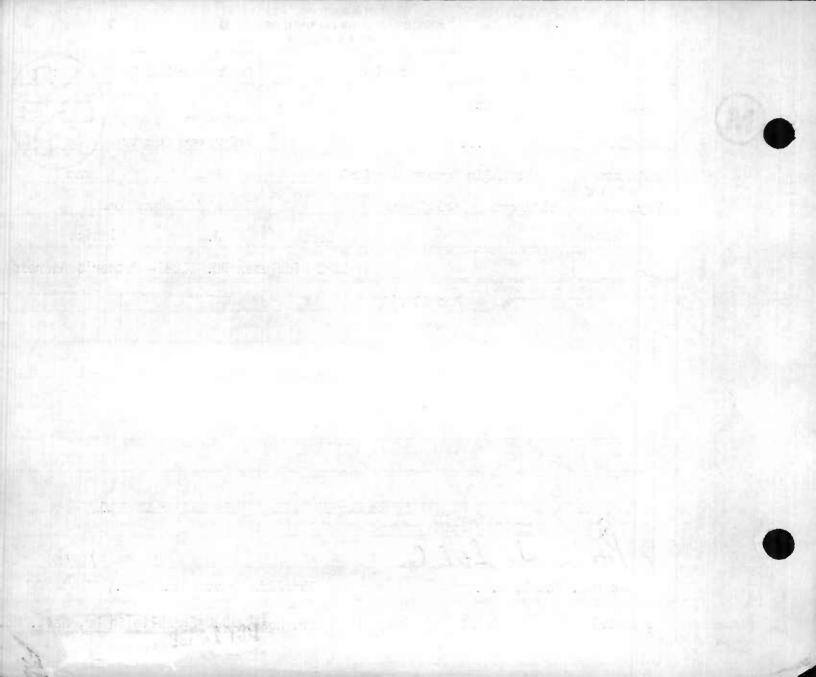
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1				STAT	E OF MARYLAND	W. V	(A) 12m	3 3
1	FOR - STATE		DEPARTM		EALTH AND MENTAL HY	GIENE O I	4 5	4 4 3
	REGISTRAR				ICATE OF DEATH	REG. N		
	ECEASED NAME FIRST		AIDDLE BA.		LAST	20. DATE OF DEATH		AR 26 HOUR
	Baby E		I _A I.	innic		September		6:55p _M
3. S		4. RACE		5. DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BE		DAYS MOVIES AND
L	Male	Whit		9	12 81		YRS	1 15
10	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEAT	Н
	Maryland	U.		WIDOWE		Baltimore		MD.
	CITY OR TOWN OF DEATH		HOSPITAL, NURSING H FACILITY, GIVE STREET A		OR OTHER INSTITUTION	12a USUAL OCCUPAT		ND OF BUSINESS OR
B	altimore	Frankli	n Square		ital	None		None
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		timore	Baltimo	re	YES NO X		lesex Road	
14.1	FATHER'S NAME UNKNOWN	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ANIDD45		AST
					Carol	J.		nick
160	WAS DECEASED EVER IN U.S. AT	VE WAR OR DATES)	166 SOCIAL SECUE	RITY NO.	17. INFORMANT	ADDR	-200	1 011
	No				1002 Middle	esex Rd. 21		
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI	nly one cause per	line for (a), (b), and	l (c)			BETY	PROXIMATE INTERVAL WEEN ONSET AND DEATH
10		TE CAUSE (0)	Prematu	rity				
15	1650	DUE TO, OF	R AS A CONSEQUE	NCE OF			315	
	Conditions, if ony, which gove rise to immediate	(b)						
	couse (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF				
		((c)						
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PA	RT 110
CERTIFICATION	19g DATE OF OPERATION	Tim control	TION FOR WALLEY	OBERATIO	NAME OF DESCRIPTION OF THE PARTY OF THE PART	InTopsys	Van 15 MES 14 EDE 5	
FIG	196 DATE OF OPERATION	198 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA	USES OF DEATH?
E	21g ACCIDENT WAS UNDERLYING	7 21b. TIME O	E INTUIDY		12), HOW IN HIRV OCCUP	YES NO	YES 🔨	NO 🗌
	OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I OR PAR	RT 2)
MEDICAL	116 EITHER NOTIFY MEDICAL EXAMINE	P./		19	211 LOCATION			
ME			EET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TO	OWN COUN	TY STATE
	WHILE NOT WHILE AT WORK	. b		Sonto	mbor 12 - 81	Sentemb	er 12 19 81	Y
	220 I certify that XI) (this hosp saw the deceased alive or above (we) (did) (did no	Septemb	er 12 19 8	31	nd that in (My) (our) opinion			
	obove(W (we) (did) (did no	ot view the body	ofter death.		DEGREE	down decorred on the c		DATE SIGNED
	Pit	1 8	100		ATTENDING	MEDICAL STA	FF	
	22d PHYSICIAN'S NAME ITYPE	OR PRINTS	The Xx		PHYSICIAN [DIRECTOR PHYSI	CIANT)/12/81
	Peter J. Sta				9000 Frankl	in Square D	r.Balto.	MD 21237
22-	BURIAL, CREMATION, REMOVAL			ANE OF O		123d LOCATION		
230.	(SPECIFY)				EMETERY OR CREMATORY In Square Hos		anklin County	Do Dalite M.
24	Disposal FUNERAL DIRECTOR	10/9/	01 L	rank	11n Square Hos		aliki ili 34	or, Dail. M
	NAME		ADDRESS		30. DA	DCT. 14 198	121	1 6200
	None						1	12016 les

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

None



1/11	TYP	Bab	y Boy B	Minni	ck		September	12, 19	981	6:55p "
(1 SE		4 RACE	5 D.	ATE OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	
Chan		Male	White		9 12	8î		YRS.	MONTHS DAYS	157
8 22 807		IRTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY? 8	DDUES D MENED W	· · · · · · · · · · · · · · · · · · ·	9. BALTIMORE CITY		Y OF DEATH	
1 11 55		Maryland	U.S.		RRIED NEVER M	ORCED	Baltimor	e Coun	tv	WD
11 1	10 C	ITY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSING HO	ME OR OTHER INST	TUTION	120 USUAL OCCUPA			OF BUSINESS OR
53 5 /		Baltimore	Frankli	n Square Ho	spital		None		INDUSTRY Non	
d be	-USU 13a.	AL REOTE MOTHER	COUNTY	GIVE RESIDENCE BEFORE ADMIS	13d. INSIDE CI	TY I IM ITS?	13e STREET ADDRES	S		
and and	N	Maryland	Baltimore	Baltimore		NO 🔀	1002 Mid		Road	
# 2 sl	14 F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S	MAIDEN NA	ME			467
6 /50		Unknown			Carol	16.31	J.	Mi	nnick	(3)
edicol		VAS DECEASED EVER IN I	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES	166 SOCIAL SECURITY N	O. 17 INFORMAN	VT .	ADE	RESS		
Pog med		No			1002	Middle	esex Rd M	1other	s Addr	ess
t, th		18 CAUSE OF DEATH			COLUMN TO THE PERSON OF THE PE				BETWEEN	XIMATE INTERVAL
ven		PART I. DEATH WAS	MEDIATE CAUSE (a)	rematurity						
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an, o		1630		R AS A CONSEQUENCE	OF .					
nov fro		Conditions, if any, wi gave rise to immed								
her		cause (o), stoting	the DUE TO, OI	RAS A CONSEQUENCE	OF					
ol, o		underlying couse	(c)							
bur bur	7	PART 2. OTHER SIGNIFI	CANT CONDITIONS CO	INTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERM	NINAL DISEASE OR CO	NDITION GI	VEN IN PART 1	(0)
or to	FICATION									
bu bu	CA	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	ATION WAS PERFOR	RMED	20a AUTOPSY?		S, WERE FIND FYING CAUSE	
o ien	E						YESX NO		ES X	NO [
Hyg Hyg	CERT	210. ACCIDENT WAS UNDERLY	110110		21c HOW INJ	URY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
at of ma	4	OR CONTRIBUTING CAUS	COI DEATH	M. MONTH DAY Y	19					
Mer Mer	MEDICAL	21d INJURY OCCURRED	21e. PLACE (211 LOCATIO	N				
ond ond ked	W	WHILE NOT WHILE	(AT HOME STR	EET, FACTORY OFFICE, FARM, ET	STREET		CITY OR	TOWN	COUNTY	STATE
olth mor			s hospital) attended the	e deceased from Sep	tember 12	10 81	Septem	er 12	10 81	tho XX (we) lost
of He	7	saw the decased o	live on Septemb	er 12 19 81	_, and that in 🏋 y) (aur) opinion	death occurred on the	date and hai	ar and from the	e causes stated
pt. of		22b. SIGNATUR	(didXX view the bady	atter death.	DEGREE				22c DATE	E SIGNED
T H		1.4		100	A1	TENDING _	MEDICAL SI	AFF 55		12/81
Stot	-	22d. PHYSICIAN'S NAME	TYPE OR BRILLI	nulos	22e ADDRESS		DIRECTOR PHY	SICIAN 🔼	1 3/	12/01
ould be			Stahl, M.D.				in Courses T	Dan D	74-	MD 03.00
A Poul		Teter J. r	Juli, M.D.		9000 1	Tankl	in Square I	Jr., B	uto.,	MD 2123
8 > 7	23a E	BURIAL, CREMATION, REA	AOVAL 236. DATE	23c NAME	OF CEMETERY OR C	REMATORY	23d LOCATION			Md

10/9/81

ADDRESS

FOR

REGISTRAR

Disposal

24 FUNERAL DIRECTOR

None

DHMH - 16 50M 1/81

(VRA 15, 4)

DECEASED NAME

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9000 Franklin Sq. Dr. Balto. Franklin Sq. Hospital

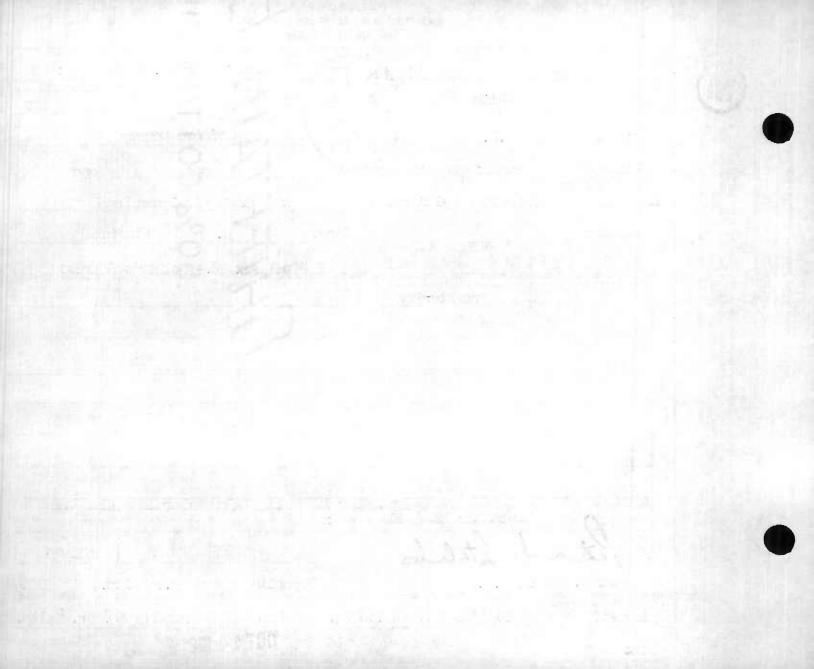
REG. NO.

MONTH

2b. HOUR

Md.

2g. DATE OF DEATH



DEPARTMENT OF HEALTH AND MENTAL HYGIENI

REGISTRAR				CERTIF	ICATE OF D	EATH	REG	NO.				
DECEASED NAME	FIRST	1	AIOOLE	l	AST		20 DATE OF DEATH		DAY	YEAR	2b HO	JR
	ROBERT		Α.		MOINEA	U		10	13	81	50	P. M.
. SEX		4. RACE	111111111111111111111111111111111111111	S. DATE C			6 AGE (IN YEARS LAST		IF UNO	ERIYEAR	IF UNDFI	
MALE	. 444	WHI	TE	10	20	21	A NOTE OF	59 YRS	MONTHS	DATS	HOURS	MiN.
BIRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED NEVER MARRIED			9 BALTIMORE CIT	OR COUN	TY OF D	EATH		
ASSACHUSETT	'S	U.S.A. WIDOWED DIVORD					BALTIMOR	E COU	NTY			MD
O CITY OR TOWN OF DE	ATH	(IF NOT IN SUC	OSPITAL, NURSIN	ADDRESS)			120 USUAL OCCUP	ATION	126	KIND O	F BUSIN	
ARBUTUS		1233	SEVEN OA	KS RO.	AD, 212	27	SS		F	ED.	GOV'	T
JSUAL RESIDENCE (# NUF 30. STATE MARYLAND	13P CON		13c CITY OR TOWN ARBUTU	V	13d. INSIDE CI YES 🔲	TY LIMITS?	13e. STREET ADDRES		S RO	AD,	2122	7
FATHER'S NAME		MIDDLE	LAST	100		MAIDEN NA	MÊ			LAS	,	1
ALDERIC		I.	MOINEA	U		UTH	F.			FRI		
(YES NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA	NT	ADI	DRESS				
NO	(# 123.01	E WAR OR OATES)	001-18-5	040	ESTELI	E M. M	OINEAU 12	233 SE	VEN	OAKS	ROA	D
18 CAUSE OF DEA PART I. DEATH V	VAS CAUSE	D BY: E CAUSE (o)	Ca	of	pe	ence	ess u	th		APPROXI	991	
Canditions, if on	which	DUE TO, OF	AS A CON-LO	NCI OF						3	mon	the
gave rise to im couse (a), stati underlying caus	mediate ng the	DUE TO, OF	AS A CONSEQUE	NCE OF	-		80/3	103		137		- 6
		(c)			CALLEY.							
o l	NIFICANTO	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ONDITION C	IVEN IN	PART 10		
190 DATE OF OPERA	TION	19b CONDI	TION FOR WHICH	OPERATIO	WAS PERFO	RMED	200 AUTOPSY?	IN CER	ES, WER			TH?
210. ACCIDENT WAS UN	DERLYING [216 TIME OF	INJURY	V VEAD	21c HOW IN.	URY OCCURR	RED (ENTER NATURE OF I	JURY IN ITEM 1	B PART I OF	PART 2)		

19 21d INJURY OCCURRED 21e PLACE OF INJURY

(1) (this hospital) attended the deceased from

(AT HOME, STREET, FACTORY OFFICE FARM ETC.)

21f LOCATION STREET

CITY OF TOWN

COUNTY STATE

(my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE 5 GNED

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF

5404 EAST DRIVE; ARBUTUS, MARYLAND 21227

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

PHYSICIAN'S NAME (THE OF PRINT)

HERBERT J. LEVICKAS, M.D.

10-16-81

23c. NAME OF CEMETERY OR CREMATORY LOUDON PARK

23d LOCATION CITY OF TOWN BALTIMORE CITY

MARYLAND

24 FUNERAL DIRECTOR

FOR

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR:

should be detoched for with the State Dept. of t MPORTANT: If hem 21

nto! Hygiene prior to this certificate has been

or Item 18

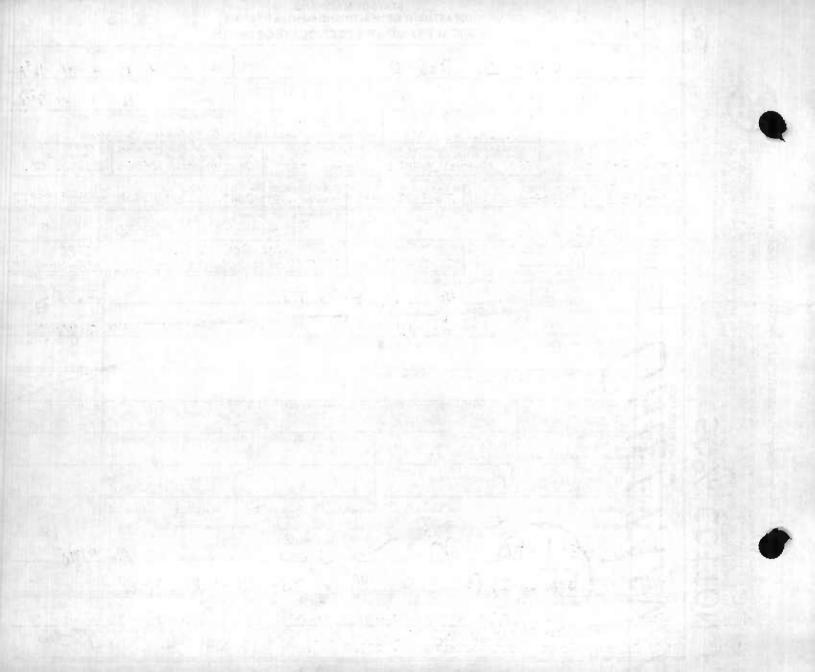
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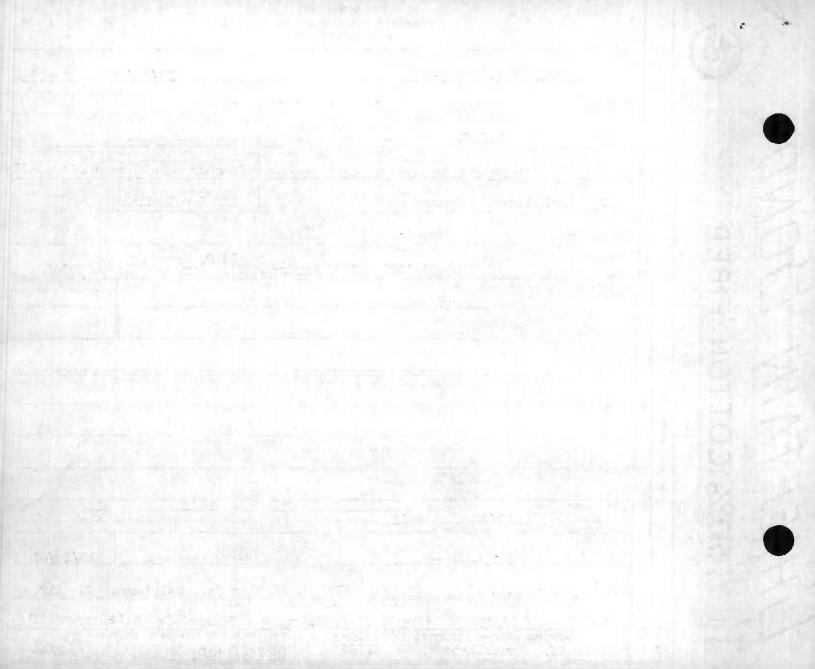
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					STATE OF M		2 1	2	ling =	4 6
		1	FOR STATE REGISTRAR	DEP	CERTIFICATE			given.	~ .	
		1. DE	CEASED NAME FIRST	MIDDLE	LAST	T :	REG. NO.	ONTH DAY	_ YEAR	2b. HOUR
	pe pe		VAMES	A.	MOOR		Oc	t. 20°	1981	9:30 %
	ge 4 moy	3. SE	MALE	Chutsian	5. DATE OF BIRTH	3 1888	AGE (IN YEARS LAST BIRTH	DAY) IF	UNDER TYEAR	HOURS MIN.
0	neral direct in 72 haurs	70. B	COUNTRY) COUNTRY) COUNTRY) COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED N WIDOWED	DIVORCED	BALTIMORE CITY OR	COUNTYO		MD.
103	by the fulled with	10 0	Mor town of Death		RSING HOME OR OTHE	R INSTITUTION 1	20 USUAL OCCUPATION OF WORK FOR MOST OF		12b. KIND OF INDUSTRY	BUSINESS OR
AND 212	filled in nould be		AL RESIDENCE (IF NURSING HOME OF				3. STREET ADDRESS -	THVDI	ALE,	RD.
MARYL	ted within and 2 st	14 F.	ATHER'S NAMES	MIDDLEY. ME	OFE 15 MO	THER'S MAIDEN NAME	MIDDLE	16	AF-81	v
BALTIMORE, MARYLAND 2120	be execut on and co s. Pages 1		NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL S VE WAR OR DATES! 582 -1	SECURITY NO. 17. INF	Elin Folu	S 7315 K	THYD	ALE	D.
7	physicia poper maval.		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	ED BY	NEUmovia			1		ATE INTERVAL USET AND DEATH
ON ST	th cert nating carbon or ren	,	4860 IMMEDIA	DUE TO, OR AS A CONSI						
W. PRESTON ST	he dea he atte emave ematen		Conditions, if ony, which gove rise to immediate cause (a), stating the	(b)	COURT OF			12 (6)		
O1 W.	ed by these rivel, cre		underlying cause last	DUE TO, OR AS A CONSE						
RDS, 2	equires n signe Then p to bur injury,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERMIN	I AL DISEASE OR CONDI	TION GIVEN	IN PART Ita	
AL RECO	be law re has been to permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	IICH OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [VERE FINDING NG CAUSES C	OS USED OF DEATH?
OF VITA	PHYSICIAN: The ending physicia this certificate h the burial-transit i d Mental Hygie		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	
DIVISION OF VITAL RECORDS, 201	G PHYS offending for this of the burning of the bur	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	211 LC	CATION STREET	CITY OR TOW	N	COUNTY	STATE
0	prital or TOR: Africa or Health		22a I certify that this hasp	attended the deceased from the decease from the deceased from the	0:	n (my) (aur) opinion de	to 21 000 ath accurred an the dot	, 17		nat 💘 (we) last
	ral OR ATT y the hospit tal DIRECTG detached for ote Dept. of		22b. SIGNATURE	www.me body differ deom.	DEGREE	ATTENDING	MEDICAL STAFF		220 000	Ye,
	HOSPII bined b FUNER buld be th the St		27 hur H.	letter no	-	ODRESS Fuch		rus		
	F	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 10-22-81	234 NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION	R	0070	M
	BP DHMH - 16 50M 1/B1	24. F	UNERAL DIRECTOR	1	WES/VIEW	250.	TO TO REPORT THE	Stance	Dien's	terin
	(VRA 15, 4)	1	VEWELL /-	4. 1100 KEIS	IELS /ew	WAD-			U	

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	/ /							MARYLAND		(2)	[M	1 3	
	/		FOR STATE			DEPARTMENT C	F HEALT	H AND MENTAL	HYGIENE	2	5 4 6	1/	
	10		REGISTRAR		ME	DICAL EXAM	NER'S	CERTIFICATE (OF DEATH	REG. NO.			
			EASED NAM	E FIRST		MIDDLE		LAST	20. DATE KN		H DAY YEAR	2b. HOUR	
W 1 2 10		(TYP	OR PRINT)	Do	> ALL	MOOSE	7		OF E	STI-	0 01		
ASE OR URS		2.054		4. RACE	1	4 10 0 -			DEATH MA	TIED ALT 10	9 195/	10 A N	
E ST OF	2	3. SEX		4. RACE	5. DATE OF BIRTH	YEAR LAST BIR		NDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE MIN. PRONOUNCE	D WONTH	BAY YEA	2d. HOUR	
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A SEE SEE	2	7a. Bil	RTHPLACE (5	TATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. AAA D	RIED DENEVER MARE	9. BALTIMOR	ECITY OR COU	NTY OF DEATH		
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Z Z Z Z Z	_	10. CI	Y OR TOWN	OF DEATH		SPITAL, NURSING HO			120. USUAL OCCUPAT	more Cou		RUSINESS	
THI	00	1000	ndalls		(IF NOT IN SUCH F.	ACILITY, GIVE STREET ADDRES	(5)		FOR MOST OF WORKING	LIFE)	OR INDUS	TRY	
P C C B S					18807 Med	adow Heigh	ts Ave	enue 21133	Community	Activis	q-Balto.	CO.	
A A A	20	13a. S1		113b. COUI	VTY	13c. CITY OR TOW	4	1134 INSIDE CITY LIMITS?	113e STREET ADDRESS				
AN A	100	Mo	ary Lanc	l Bali	timore	Randall	stown	YES NO X	1 000 - 00 7	ow Heigh	ts Road	21133	
2. 2. 3. 3. 3. 2. S. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.		14. FA	THER'S NAME					15. MOTHER'S MAID	ENNAME				
PA LE MA	030		FIRST	shall St	MIDDLE	LAST		FIRST	MIDDL	Henli	1AST		
ISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201 RRIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NG THE WORD. "PERDING". IN PENCIL IN TERA 18. GIVE PAGES 1, 2, AND 3 TO THE D TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE SHOULD BE USED AS A BURBLA-IRRANT PERES. I AND 2 SHOULD BE FILED PARTMENT OF HAALIH AND MENTAL HYGIFNE DIVISION OF MITAL BECORDS. 2011.		16n V		DEVER IN U.S. AF					Mary Henl- 7. INFORMANTMr. Mark C. M88858				
IN PERSON		(YE	S, NO, OR UNKNO		WAR OR DATES	115					21133		
S A GIVINA			No			217-12-10	115	8807 Mead	ow Heights .	Road Ra	ndallsto	own MD.	
2 60			18 CAUSE C	F DEATH (Enter o	nly ane couse per line	e for (a), (b), and (c).)	0) O A:			APPROXIMA BETWEEN ON	TE INTERVAL	
ST H H			PARTIDE	ATH WAS CAUSE	TE CAUSE (o)	Movo Carl	21) S	mention			90M2	4	
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XAV XAV			lying cou		DOL 10, 01	AS A CONSEQUENC	.E Or						
SC SUR	ION,				(c)								
EX POCA P	일	-	PART 2 DIHER SI	GNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE I	ERMINAL DISEA	SE DR CONDITION GIVEN IN P	ART 1 (a).				
A S A S		Ó											
E PER PER PER PER PER PER PER PER PER PE	80	CERTIFICATION	190 DATE OF	OPERATION	19b. COND	TION FOR WHICH O	ERATION	WAS PERFORMED?			29. AUTOPS	Y?	
TA SHOW	AL.	IF			101 - 100						YES 🗆	NO 🗆	
N H H H H H H H H H H H H H H H H H H H	BURIAL	3	21a EXTERNA	L CAUSE WAS	21b. TIME O		21c. F	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR I			
N HE CA	00		UNDERLYING			A. MONTH DAY Y	AR						
SIO RTIF IG 1	OR	MEDICAL	21d. INJURY C	NG CAUSE OF		OF INJURY (AT HOME	216 10	OCATION					
E SE E	P. S.	ME	WHILE _	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY OR TOWN	c	OUNTY	STATE	
WR WR	201		AT WORK	AT WORK									
TE, TE, TE, P.	213		22a. I certi	fy that I took char	ae of the remains de	scribed obove, held a	Auto	psy Inspectio	on K., Inquiry	and in my o	opinion	- II.	
A S S E	Š.		death result		ral causes	Accident .	Suicide [opinion		
AAM RTIP	¥, F		dealli resoli	A NOIL	irar causes 1251,	Accident L.	Suicide L	, Homicide	Undetermined manne	· L.			
00502	AAR		ACTUAL	Stall	-Stalm	/n		TITLE (SPECIFY)		DATE	· Inlala		
SHO SHO	E. K.		SIGNATURE.	Diaz.	JOHN !		/	M.D. VEREN	MEDICAL EXAMINE	R SIGN	VED 191	1	
NE A P	()		EXAMINER'S	NAME -	- 6	-1-1-10	- Pun	- 1	1.1 40	217-		73 B	
E G G			TYPE OR PRO	VII STA	LEY L. T	FL STINE	1661111	ADDRESS 7039	LOPETURK)	3/48)			
PA DA PA	80 A	23a.BL	RIAL, CREMA	TION, REMOVAL	THE DATE	23t. NAME OF	CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	60	VINITY	STATE	
BP	77	1	Burial	30 DIE.	10/13/81	Take V	on Mo	m. Park	Eldersbur			mad	
DHMH - 17		24. FL	NERAL DIREC	TOR Lorine	Buers Fr.	monal Din	at and	7) A 250. DATE	REC'D. BY REGISTRAR	Sh. REGISTEAR'S	SIGNATURE	P.	
(VR A15 ME (5))	87	DA Tih	entu Road	A Randal	neral Dire Stown, MD	9112	3. A. DOT	1 3 1091 7	geness)	san farth	upu.	
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2	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 5 4 4 9 CERTIFICATE OF DEATH REG. NO.						
3 24		PECEASED NAME FIRST	rion Lee	Moser	26 DATE OF DEATH MONTH DAY YEAR 26 HOUR Oct. 7, 1981 11:398				
(M)	3 5	Male	4. RACE White	5. DATE OF BIRTH Dec. 12, 1898	6. AGE (INYEARS LAST BIRT				
nerol IIII	5.70	BIRTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED NORCED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County				
in by the furbe filed with	E 10.	Randallstown	(IF NOT IN SUCH FACILITY, GIVE STREET	ng home or other institution raddress) ounty Gen. Hospita.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Mill Work	F WORKING LIFE) INDUSTRY			
y filled in should be	E 130	Md. Ba	e OR OTHER INSTITUTION GIVE RESIDENCE BEFOR DUNTY 13c. CITY OR TOV Owings M	VN 13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS 44 South	Ritters Lane			
ompletely ompletely I and 2 sl	2	John Balt	zer Moser LAST	15. MOTHER'S MAIDEN NA. Priscil:		Shorb			
n and co	160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SECTION (1974) 218-14-5		44 °S% iller Owings	th Ritters Lane Mills, Maryland			
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. If the this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be file th and Mental Hygiene prior to burial, cremation, or remayal. Onced or them 18 shaws any injury, or other traumatic event, the medical examine must be to acked or them.		PART I. DEATH WAS CAL	DUE TO, OR AS A CONSEQUE	dec on HD E Cover	est.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
n. as been signed over the ple ne prior to buric	CERTIFICATION			DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
HYSICIAN: The right of the physician in sertificate he burial-transit placement of them 18 share or the them 18	MEDICAL CERT	00.000.000.000.00	DEATH HOUR A.M. MONTH D INER) P.M. 216 PLACE OF INJURY	19 211. LOCATION					
ATTENDING PI aspiral or after ECTOR. After the d for use as the 1. of Health and m 21 is morked	M Z I IS MOINE	WHILE AT WORK A WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 270.1 certify that (1) (this hospital) ottended the deceased fram saw the deceased alive an obove, (1) (we still) (did not) view the body offer death.							
OSPITAL OR ed by the higher of the control of the c		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC				
OSP HOSP HOSP HOSP HOSP HOSP		BY The sales were	M T	112 Ch	are Des De	Sudanahara M3			

23c. NAME OF CEMETERY OR CREMATORY

DHMH-16 30M 2/80 (VRA 15, 4)

Owings Mills, Md.

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

Burial

23d. LOCATION CITY OF TOWN

. C. 1957 tions or this agree of Santyrek .- fill mented reffill margania. North-Latelia The state of the second state of the second .or. .offitt sames - 19.

Catabanasa, 1981 | Milater E ... E [1/0] ru C a ille erilone ... Particila Valley View Nursing Lorns Serviceman Air Condiinoi Baltimore x (15 Charter Oak Avenue Nurrow Were Ieddu/H 178 01 9887 - Nrs. Olive H. Murraw Dr. William Banson, M. D. 18806 N. Casal & St., Eglo., Md. Pa. 15 TAY 81 WE. Eigh Ludharun Work, I tau .co ence & minnet . W yannit 1805 Yerk Fold Ballo., Nd. 21212

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CHAPIL SSOOHARFORD

(VRA 15, 4)

STATE OF MARYLAND

